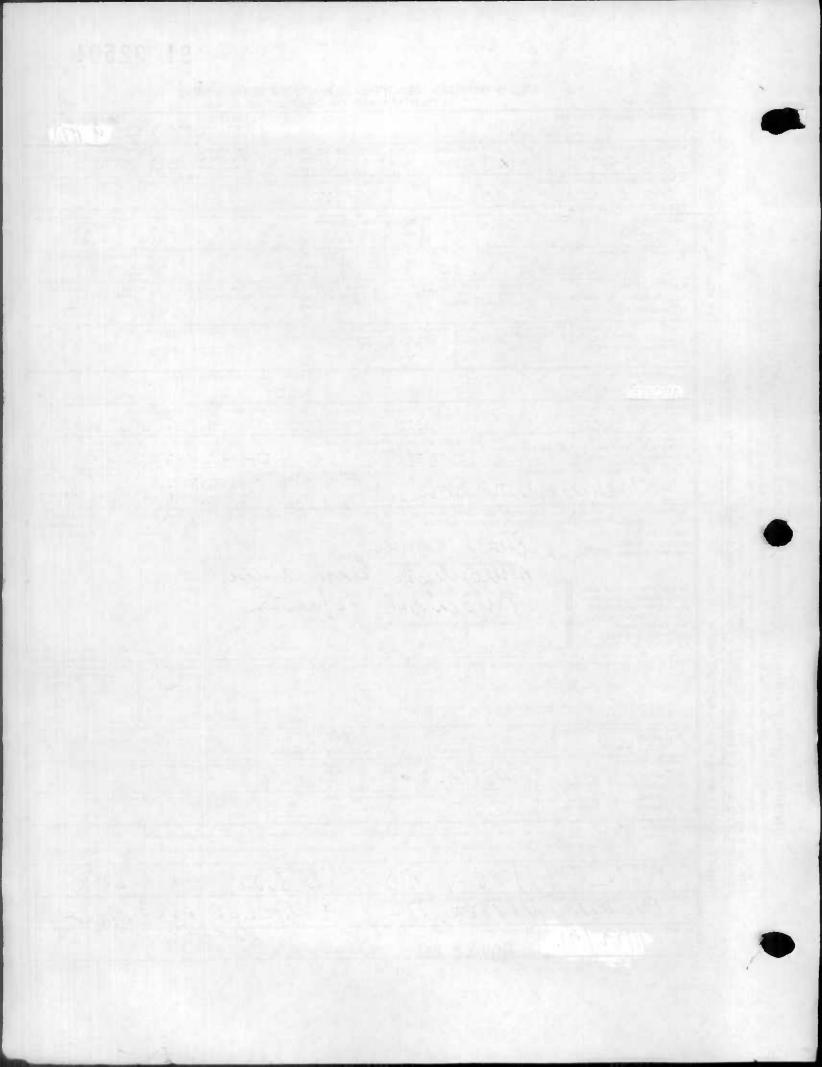
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JING PHYSICIAN: The law requires that the death certificate be executed within communications after death. Pag	After this certificate has been signed by the attending physician and completely filled in by the funeral di	death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
2	#	ea
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	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND	/ DEPAR	RTMENT	OF HEA	LTH AND EATH	MEN	TAL HYGI			
		CAPLAN						2. 0 N	OVEMBE	R ^{0AV} 22,1	991	3. TIME OF DEATH 12:30 P M
8	4. SOCIAL SECURITY NUMBER 215-03-2458	5. SEX	6. AGE (In yrs. 80	lest birthday) YRS.	MONTHS (UNDER 24 HRS. URS MIN.	7. 0.	MAY 11	, 1911	8. BIRTI	NPLACE (State or Foreign YLAND
TOR	99. FACILITY NAME (If not Institution, give s 2500 W. BELVEDER		r. 202		9b. CITY, T		CATION OF			/9c. COU	INTY OF C	DEATH
DIRECTOR	106. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE											10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2500 W. BELVEDER	E AVE, AP	r. 202			10f. ZIP	COOE 21215			10g. CIT	USA	WNAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED (M)	13. WA If y	S OECENDE ee, specify YES 2 X						E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +		DECEDENT'S (Give kind of the Do NOT us HOUSEW	work done duri se retired.)	UPATION ing most of	working			BUSINESS/INI		
BE	17. FATNER'S NAME (First, Middle, Last) HENRY SOLOMON 190. INFORMANT'S NAME (Type/Print)						ANNIE	1	SI, Middle, Mai	RG		
10	HENNIE CAPLAN				WINEB	ERRY	TERRA	CE I	BALTIM	ORE, M	D 21	
	1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		BNA]	Crematory or o	EL 22. NA	ME AND AC	ODRESS OF F	11-	24-91	BALTI		
	23. PART I. Enter the diseese, or o	Complications that	ceueed the	death. Do r	60	10 RE	CISTER	STO	BROS., WN RD.	BALTI	MORE	, MD 21215
	ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Bria.	A (ano.	er.,					ephatory en	1001,	Approximete Interval Between Onaet and Deeth
NOI	Sequentially list conditions, if any, leading to immediate	D	OR AS A COMS	-0 -1 -	" he	mt	dinct	le	u.			
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente resulting in death) LAST	a Nu	OR AS A CONS	diat		-/1	incl	2				
O	PART II. Other eignificent condition	s contributing to	deeth but no	t resulting l	n the unde	rlying ceu	use given li	n Pert I	. 24a. WAS	AN AUTOPSY FORMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL									1 TYES	2 ANO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:		OF DEATN (C		y one) ther (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month) Da	INJURY V. Yearl 91.	28b. TIMI		c. INJURY A		1		W INJURY OC	CURED	
	3 Suidde 8 Could not be determined	bullaing,	INJURY — At						City or Town, St.			loute Number,
COMPLETED	2 MEDICAL EXAMINE) end mannar ea ateted.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUS	7,	N		290	LICENSE NU)) C	9	29d. DAT	E SIGNED	(Month, Day, Year)
	31. DATE FILED (Morth), Day Year	32. REGISTRAT	ED,		Sidie d	19	WA	LK	ER.	AVE	1/1	1205
	morphic and	JZ. REGISTRA	1 9 1	991	I die	Devidon	n-Rand	ماله	ML	1		

DNMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-00	24 mours after death. Page 6 may be retained by the hospital or attending p	filled in by the funeral director, page 5 should be detached for use as the bion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTA	L HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Lest)	Caplar	7			2. DATE MONT	OF DEATH DAY		AR	1420 PM
	4. SOCIAL SECURITY NUMBER 164-03-7328	1 🗆 M 2 💢 F		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH 1. Day, Year) 7/1901		country)	CE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give Liverdale RESIDENCE OF DECEDENT	street and number)	,	Bulti	R LOCATION OF E	EATH TY	110	9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNT		Bal	town or LOCAT						I. INSIDE CITY LIMITS? TES 2 NO
FUNERAL	10e. STREET AND NUMBER 2905	FALLSTAFF RD.	, APT. T-	-1 101.	ZIP CODE	2120	9	10g. CITIZEN	OF WHAT	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		ENDENT OF HISPA city Cuban, Maxic 2 NO Spec	en, Puerlo			RACE — / Black, Wh Specify:	American Indian, hits, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)		ille. Do NOT use	rk done during mos retired.)	N at of working	161	KIND OF BUSI		RY	
BE COM	17. FATHER'S NAME (First, Middle, Last) LOUIS SILVER	MAN	HOL	ISEWIFE	18. MOTHER'S N		Middle, Maiden S			
TO B	19a. INFORMANT'S NAME (Type/Print) HILFORD A. CAPLA	N	3 BARST	ADDRESS (Street of			ber, City or Town, E, MD 2		(e)	
	20s. METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.									
	23. PART i. Enter the diseases, or ehock, or haert failure IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)	a. Ucutt		iatory	ETSTERS de of dying, su	ch as car	diac or reapir			Approximate interval Between Oneet and Deeth
CERTIFICATION	Sequantielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	C ₀	CONSEQUENCE OF)							
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	ne contributing to death bu	ut not resulting in	the underlying	g ceuse given i	n Part I.	24a. WAS AN PERFORI	MED?	AWA CO DF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check only o	ne)			
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpo	atient 3 DOA	OTHER:						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	29b. TIMÉ INJU	RY WO	URY AT RK? /ES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 6 Could not be determined	25e. PLACE OF INJURY building, atc. (Speci	— A1 home, farm, st	reet, factory, offic			CATION (Street a. or Town, State)	nd Number or F	Rurel Route	Number,
COMPLETED	CONDON ONLY	SICIAN: To the best of my knowledge of the bests of examination							ouse(s) en	id menner es stated.
BE	HOUSE AND TITLE OF CERTIFIC	even	-4t	D	29c. LICENSE N	8/8	26	29d. DATE SI	2 S	onth, gay, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type:	Princi				/		/
	31. DATE FILED (Month, Day, Year)	2 7 1991 Sul	ature .	Mandella.	AL LUS	93				

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

	REGISTRAR		CE	RTIF	ICATE OF	DEAT	ГН	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	David Ar	ndrew Dey	0					MONTH 3	AY	91	12:25 рм
	4. SOCIAL SECURITY NUMBER	S. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HBS	7. DATE OF BIRTH)	/	IPLACE (State or Foreign
	355-44-0616	1 🔯 M 2 🗆 F	39	YAS.	MONTHS DAYS	HOURS	MIN.	(Month Day Year)	050	Counti	ny)
	9a. FACILITY NAME (If not institution, give							07-24-1			linois
œ					9b. CITY, TOWN			ATH		NTY OF D	
5		Point Co	urt		COT	umbi	.a		Ho	war	d
5	RESIDENCE OF DECEDENT 10e. STATE 10e. COUNT	TV .		40. 0.00							
DIRECTOR				10¢. GH	Y, TOWN OR LOCA						10d, INSIDE CITY LIMITS?
		loward			Col	umbi	.a.				1 YES 2 X NO
MAI	10a. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
当	5431 Vantage F	oint Cou	rt		400	21	044			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARM	ED	13. WAS DEC	ENOENT O	F HISPANI	C ORIGIN? (Specify Yea	or No-	14. RACE	- American Indian,
ВУ	1 Never Married 2 Married	IF YES, GIVE WAR)	II yes, sp	ecity Cubai 2 X NO	n, Mexicen	, Puarto Rican, etc.)		Black	c, White, etc.
	3 Wildowed 4 Divorced	1				22	opoony			Speci	White
COMPLETED	t5. DECEDENT'S EDI (Specify only highest grad	JCATION	18a. DEC	EOENT'S	USUAL OCCUPATION	ON		18b. KINO OF BUS	SINESS/INC	DUSTRY	77772 00
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho. L	o NOT us	work done during mo se retired.)	st of workin	g	Gallau			lege/
4		5+	Aı	dic	logist			Kendel			
0	17. FATHER'S NAME (First, Middle, Last)				208250	40 44071	EDID MARK			Leme	II bal y
Ö	Clyde D. Deyo	,						E (First, Middle, Maiden			
B	19a. INFORMANT'S NAME (Type/Print)	,				V 1	rgl	nia M. S	andr	erg	
2			196.	MAILING	ADORESS (Street a	nd Number	or Rural Ro	oute Number, City or Town	n, State, Zip	Code)	34641
	Virginia S. I	eyo		100	S. Be	lche	r Ro	d., Lot	421,	La	rgo, Fl
	20a. METHOO OF DISPOSITION 1 ☐ Burlal 2 X Cremation 3 ☐ Ran	novel from State	20b. PLACEAN	DDATE	OF OISPOSITION (Na	me of		OATE 20c. LO			
	4 Donation S Other (Specify)		Varietary, crep	letr	o Crem	ator	V	11-26	Balt	imo	re. MD
	21. SIGNATURE DE LUNETAL SERVICE EL	CENSEE / LA JA	9	-				ociety o	.0 7.5	7	1
	George E.	MaaNahh			Crem	allo	n So	ociety o	I Ma	ıryı	and
-	<u> </u>				299	rrea	eric	ck ka., .	Balt	0.,	MD 21228
	23. PART i. Enter tha diseasea, or shock, or heart failure.	List only one cause	on each line.	th. Do n	ot anter the mo	da of dyli	ng, auch	as cardiac or respi	ratory arr	est,	Approximata
	IMMEDIATE CAUSE (Final										Onset and Daath
	disease or condition resulting in death)	. A105	livest	100	SUM	1/0	me				Costa
	in death)	DUE TO (OR	AS A CONSEOU	ENCE OF	Syn						(0) 40713
z I		. Acquis	ed In		Inf.	100	- 5	yndrom	-		3 V-
으	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQU	ENCE OF):	1000		yngrora	-		1000
3 1	cause. Enter UNDERLYING										
Ē II	CAUSE (Disease or injury that initiated events	OUE TO (OR	AS A CONSEQU	ENCE OF	7;		-				
눈	resulting in death) LAST										100000
CERTIFICATION		d									
# 1	PART II. Other algnificant condition	is contributing to das	ath but not rea	uiting i	n the underlying	cause g	ivan in P	art I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL								PERFOR	4 -		AVAILABLE PRIOR TO COMPLETION DF CAUSE
								_ 1 TYES 2	NO		OF OEATH?
Σ								_			1 YES 2 NO
A I	25 WAS CASE DESERVED TO MEDIA.										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PL OTHER:	ACE OF DE	ATH (Chec	k only one)			
XS	1 TES 2 NO	1 Inpatient 2 ER	/Outpatient 3	DOA	4 Nursing Home	5 Ras	ildence 8	Other (Specify)			
표	27. MANNER OF DEATH	28a. DATE OF INJI (Month, Day, Y	URY (bar)	28b. TIME	OF 28c. INJU			28d. OEŞCRIBE HOW IN	JURY OCC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation					ES 2 🗌	NO				
	3 Suicida 8 Could not be	28a, PLACE OF IN	JURY - At home	, farm, s	treel, lactory, office			281. LOCATION (Street a	nd Number	or Rural R	oute Number.
COMPLETED	4 Homicide determined	building, atc.	(Specify)					City or Town, State)			
	29a. CERTIFIER										
호	(Check only one)	ICIAN: To the beat of my	knowledga, daati	1 occurre	d at the time, data	and placa,	and dua to	the cause(a) and man	ner an state	ed.	
8	Z MEDICAL EXAMINE	ER: On the basis of exemi	nation and/or inv	estigation	n, in my opinion, de	eath occure	d at the th	me, data and placa, and	dua to th	a cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICEN	YSE NUMB	ER	29d, OATE	SIGNEO	(Month, Day, Year)
0 10	- mo y on	201 -	95			D	78	90	> /	1/20	-/91
F	30. NAME AND ACORESS OF PERSON WH	O COMPLETEO CAUSE O	F OEATH (ITEM :	27) (Type,	Print)	1 -		,	- 11	163	/ //
	Mark H Smil	- 40	011	1	entol	C+	1 ,	Cosh.	1	11	-
	31. DATE FILER (Moptly, One Mar) 4004	32. FORSTRAN	SIGNATURE	. (6,01101	21 1	VE	(Nash.,	10.1	16	2000 2
	וווווו אין וווווו	Chille Day	72	1.00							

BALTIMORE, MARYLAND 21215-0020	urs after death, Page 6 may be retained by the hospital or attending ohysician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law June affect death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

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Z	11. MARITAL ST
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Ш	Elementary/
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Σ	12 51515510 11
S	17. FATHER'S N
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2	Vaune
	Vayne 20a. METHOD (1 XBurlal 2 4 Donation
	20a. METHOD (
	4 Donation
	21. SIGNATURE
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-	23. PART I. E
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	IMMEDIATE (
	disease pr c
	resulting in
N	Sequantially
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S	if any, leadin cause. Entar CAUSE (Dise
Ē	that initiated
E	resulting in
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0	PART II. Othe
A	TATI II. Othe
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ĕ	25. WAS CASE F
3	EXAMINER?
¥	27. MANNER OF
a.	
BY	1 Netural 2 Accider
9 0	3 Suicide
	4 Homick
<u>u</u>	
7	29a. CERTIFIER (Check only
M	one)
8	
111	29b. SIGNATURE
W	
8	6

REGISTRAR			CE	RTIF	ICATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
VERA DEA	ACON						MONTH D	5/	YEAR	300
4. SOCIAL SECURITY NUME	BER	5. SEX (. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	916	8. BIRTI	HPLACE (State or Foreign
217-18-3		1 🗆 M 2 💢 F	74	YRS.	MONTHS DAYS	HOURS MIN.	Dec 14	,	W .	ry)
						PR LOCATION OF D	EATH	9c. COU	NTY OF C	DEATH
CHURCH I		L'AL			BALT	MORE				
10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN OR LOCAT	ION				10d, INSIDE CITY
MD				Bal	Ltimore					LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COOE		10g. CIT	IZEN OF	WHAT COUNTRY?
112 S. Co	nklin					21224		U.	S.A	
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes			E American Indian, k, White, atc.
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE WAI		O		2 NO Specif	in, Puerto Rican, atc.)			k, White, atc.
15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPATION	DN .	16b. KIND OF BUS	SINESS/INC		
Elementary/Secondary (0	y highest grade	College (1-4 or 5+)	(Gi	ve kind of v Do NOT us	work done during mo se retired.)	st of working				
12th			T.al	ь т	echnic	ian	Enghous	~ Q1		1
17. FATHER'S NAME (First, M	iddle, Last)		100	<u> </u>	CCIIIILC		Easter		(SLLI)	Less
		Kincaid				Rose	Dyer			
19a. INFORMANT'S NAME (7							Route Number, City or Town			
Nayne N. De				112	S. Con	kling S	Street, 2	1224		
20a. METHOD OF DISPOSITI		oval from State	20b. PLACE A	ND DATE (OF DISPOSITION (Na	me of	DATE 20c. LO	CATION —	City or To	own, Stata
4 Donation 5 Other	(Specify)		Oak	Lawn	Cemet	ery 11/	27/91 Ba	ltim	ore	, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. MAME 41	APPRESTOF FA	Zannino.	.Tr	Fin	neral Home
> Yerigh	717	ennesid	7.		263	S. Con	kling St	reet	, 2	1224
23. PART I. Entar the di	seasas, or c	Emplications that of	aused tha de	th. Do n	ot enter the mo	de of dying, auc	h aa cardiac Dr raapi	ratory ari	raat,	Approximata
iMMEDIATE CAUSE (Fin disease or condition resulting in death)		ANT	Enla	> S	C 6/29	COTIC	HEAD	77	DI	intarval Batwean Onsat and Daath
		DUE TO (O	R AS A CONSEO	UENCE OF	7):					11/2
Sequantially list conditi	iona.	h								PARS
if any, leading to immed cause. Entar UNDERLY!		DOE TO (D	R AS A CONSEO	UENCE OF	7):					
CAUSE (Disease or inju		DUE TO (O	R AS A CONSEO	HENOE OF						
that initiated events resulting in death) LAS	Т	002 10 (0	H AS A CONSEO	OENCE OF):					
		i								
PART ii. Other significa	nt condition	a contributing to de	ath but not ra	aulting i	n the underlying	cause given in	Part i. 24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
Y	2/2/	VAI_	121	7-16	1110	15	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						CZ-	1 TYES 2	□ NO		OF DEATH?
							_			1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL									
EXAMINER?	MEDICAL	HOSPITAL:			26. PL	ACE OF DEATH (Ch	eck only one)			
1 YES 2 NO		t Inpetlent 2 E		DOA		5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE OF IN (Month, Day,		28b. TIME			26d. DESCRIBE HOW IN	NJURY OCC	CURED	
	nvestigation				M 1 7	ES 2 NO				
	Could not be determined	28a. PLACE OF I building, atd	NJURY — At hon :. (Specify)	ne, farm, s	treat, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number	or Rural P	loute Number,
29a. CERTIFIER	IEVINO TURE									
(Check only one) 2 MEDI	CAL EXAMINE	HAN: To the best of my	knowledge, dea nination and/or in	th occurre	d at the time, data n, in my opinion, di	and place, and due ath occured at the	to the cause(a) and man time, data and placa, and	ner se etet	ad. a cause(a	and manner as stated.
29b. SIGNATURE AND TITLE										
AR		10			0 -	29c LICENSE NUN	7 7 2	29d. DATI	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLE	OF DEATH STEM	07/5	Die	-//) 66	/	//_	4)91
						MODEL 14	0 21221			
DR. X Na	zemı			WAY	, BALL	MORE M	D, 21231			
31. DATE EILED (Month, Day,	O'O 1	32. REGISTRAR'S	SIGNATURE							

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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 199EAR 2 PAY RONNIE LEWIS DENNIS 1:35 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHE DAYS HOURS 218-48-8264 1 X M 2 F 12/2/1947 43 YRS. GIRDLETREE, MD. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1814 MADISON AVENUE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE permit. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 1814 MADISON AVE, 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 XNO Specify 14. RACE -- American Indian, Black, White, atc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced VIETNAM BLACK SB ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION use 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Ш for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached 12 JOHN HOPKINS HOSPITAL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ page 5 should be VAUGHN W. DENNIS SR. RUTH M. DENNIS notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 NANCY DENNIS 1814 MADISON AVENUE, BALTIMORE, MARYLAND 21217 pe 20a. METHOD OF DISPOSITION
1 № Buriel 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, JAMES CHURCH CEMETERY 11/26/91 SNOW HILL, MD. Donation 5 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral ESTEP BROTHERS FUNERAL HOME, P.A. filled in by the fillion, or removal. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 medical 23. PART I. Enter the diseases, or complications that caused the dasth. Do not anter tha mode of dying, such sa cardiac or raspiratory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final the Oneat and Daeth ysician and completely fille prior to bunal, cremation, disease or condition CARDIOVASCULAR DISEASE HURELTENSIVE event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate been signed by the attending physician it. of Health and Mental Hygiene prior to cauaa. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initietad avants resulting in death) LAST 6 injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE VNO 1 YES 2 1 TYES 2 NO PHYSICIAN: this certificate has b with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: TYPES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home SX Reeldence 6 Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked. 28c. INJURY AT WORK? Natural 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marki M 1 YES 2 NO BY Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, fectory, office ETED. 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and manner as stated. COMPL XXX MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner se stated. SIGNATURE AND TUTLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)
11 22 1991 BE 29c. LICENSE NUMBER 11 OCME 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WR MARIO GOLLE MD 111 PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE Julia Davidson Randolle NOV27 1991

MOVE THE SELECTION PRODUCE

6. AGE (In yrs. last birthday)
YRS.

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

1. DECEOENT'S NAME (First, Middle-Last)

4. SOCIAL SECURITY NUMBER

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90, FACILITY NAME (It not instituted to the color of the

RESIDENCE OF DE

10e. STREET AND NUMBER

1 Never Married 2 Married

3 Widowed 4 X X Olvorced

Elamentary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

31. OATE FILED (Month, Day, Year)
NOV 2 7 1991

11. MARITAL STATUS

1308 Maple Avenue

Md.

FUNERAL DIRECTOR

BY

ETED !

OMPL

Ettick Esgiet

5. SEX

Center

Baltimore

10b. COUNTY

15. OECEDENT'S EDUCATION (Specify only highest grade complete

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

Business Man

Baltimore

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

10f. ZIP COOE

21221

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retained 5 should notified	B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRES	SS (Street an		al Route Number, C	_
5 5 5	5	T. Umoh						timore,	
Page 6 may be director, page		20a METHOD OF DISPOSITION 1 Purial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		20b. PLACE AN	atory or other place	y Plo	ne of	12/6	20
death. Pe funeral		· 1/10/3	roun			Willi 1206	am C. W.Nort	Brown C	or
requires that the death certificate be executed within 24 nours on some state of the state of th	AN: MEDICAL CERTIFICATION	23. PART I. Enter the dieesse, or ehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted evente resulting in death) LAST PART II. Other significent condition Hypethen 7, or	b. C. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A Gunshot to as contributing to deet	A CONSECULAR A CON	PARIMENCE OF: LI GIS JENCE OF: LENCE OF: LENCE OF: LENCE OF: LENCE OF:	- Se D/cx	e of dying, or	ey lifes	or
The law te has be nte Dept.	A	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF OEATH (C	check only one)	
	SICI	EXAMINER?	HOSPITAL:	Outpatient 3 È	DOA 4 Nu	R:		8 Other (Spe	ecif.
The this	ву РНУ	27. MANNER OF DEATH Status 5 Pending Investigation	28a. DATE OF INJUI (Month, Daw Yes 2/4/91	(r)	28b. TIME OF INJURY	28c. INJU WOR 1 YE	RY AT K?	28d. DESCRIB	BE H
TTEN TOR: after	ETED	3 Suicide 8 Could not be datarmined	tory, office		28f. LOCATION Cify or Tow	wn,			
IN I	COMPLI		CIAN: To the best of my kr					in 10 the cause(a)	an
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	alleban	M			29c. LICENSE N	JMBER	
	-	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF	DEATH (ITEM :	27) (Type, Print)				

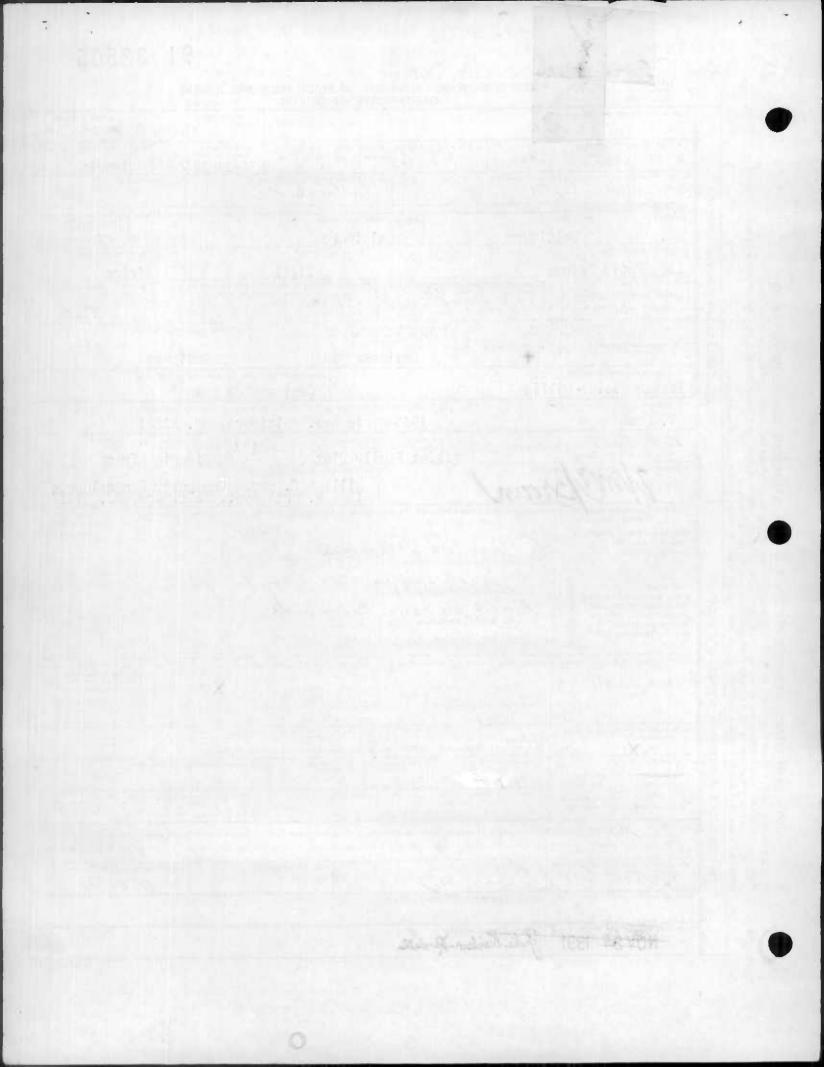
32 REGISTRAP'S SIGNATURE
Juha Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH 735 A M 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4-28-1948 Nigeria 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Delphore MI 10d. INSIDE CITY 1X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? Africa 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 No Specify: 14. RACE — American Indian, Black, White, atc. Specify: Black 18b. KIND OF BUSINESS/INDUSTRY Business 18. MOTHER'S NAME (First, Middle, Meiden Surname) nana or Town, State, Zip Code) ld. 21221 ic. LOCATION — City or Town, State Nigeria Africa mmunity Funeral Home Baltimore, Md. 21217 reepiretory arrest, Approximata intervel Between Oneet and Death ile 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE REPORMED? ES 2 NO DF DEATH? 1 YES 2 NO OW INJURY OCCURED shot treet and Number or Aural Route Number, State) 6813 Forest Terrace mannar as stated. a, and due to the cause(s) and manner as stated.



20/91



BALTIMORE, MARYLAND 21215-0020	ay be retained by the hospital or attending physic	page 5 should be detached for use as the burial
BALTIMOR	hours after death. Page 6 ma	ed in by the funeral director, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HOSPITAL

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1, 2, 3 s notified at once. must be the medical examiner event, traumatic or other injury, Signed by Health and shows any DR ATTENDING PHYSICIAN: The law requires r this certificate has been sign with the State Dept. of He arked, or Item 23 shown marked, After 28 is DIRECTOR: / ilem FUNERAL C -TO THE HOSPITA
TO THE FUNERA
be filed within 72
SMPORTANT: 81

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 22 SYLVIA EISENBERG 11 7:40 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 69 215-14-8551 1 M 2 F 4/9 ROMANIA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BAL COMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2918 MARNAT RD 21209 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. 1 Naver Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, atc.) COMPLETED BY Widowed 4 Divorced 1 YES 2 NO Specify: WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY SCHWARTZ BE GERTRUDE FISHMAN 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street at 5-C SAGE CT. 9 BALTIMORE, MD 21208 MISS JANICE EISENBERG 20e. METHOD OF OISPOSITION
1/3 Burief 2 Cremation 3 Removal from State
4 Donation 5/ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata MOSES MONTEFIOREW WOODMOOR HEBREW 11/24/91 BALTO., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or neart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final disease or condition Onset and Deeth Preumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): OPD CERTIFICATION Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): ASCAD that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST Breast CA ovarian CA PART II. Other aigniticant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL. OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending frivestigation MJURY 1 Natural BY М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida 6 Could not be 26I. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide

29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the films, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

Susan Hagnell, MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

ROV 2 7 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelles

House Officer p641

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)	1 - FOR STATE REGISTRAR					F HEALTH OF DEAT		ENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Otyce B.	FROE	В.	Fr	oe oe	1		1-25	-91 :	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 577-28-5084	5. SEX 1 M 2 X F	6. AGE (In yr:	s. last birthday) YRS.		YS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-19-1911		Country)	LACE (State or Foreign h Caroli	
TOR	9a. FACILITY NAME (If not institution, give s UNION MEORIAL, HO RESIDENCE OF DECEMENT					MORE C		H	9c. COUN	OF DEA	— —	
DIRECTOR	Maryland 106. COUNT			10c. CITY, TOWN OR LOCATION Baltimore							INSIDE CITY LIMITS?	
FUNERAL	2301 Ivy Aven	ue		101. ZIP CODE 21214				10g. CITIZEN			AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	2 X NO If yes, specify Cuben, Mexican			n, Mexicen, I		or No-	14. RACE - Black, Specify:	- American Indien, White, etc. Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5 + 5+		Give kind of life. Do NOT u	se retired.)	PATION g most of workin	g	Coll			essor	
BE COI	17. FATHER'S NAME (First, Middle, Last) Moses Brown					D	aisy		in			
10	Otis D. Froe			2301	Ivy	Avenu		ural Route Number, City or Town, State, Zip Code) Baltimore Maryland 212				
	20s. METHOD OF DISPOSITION 1 Burlal 2& Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLA cametery	ce and date		tory,		11-26		imor	e, MD	
	George E. I	·	Thele		Cre	matio: Fred	n So eric	ciety o	f Ma Balt	ryla	nd, Inc. MD 21228	
	23. PART I. Enter the diseases, procedure. IMMEDIATE CAUSE (Finel disease proportion resulting in death)	a. AR	D S	death, DD line.	not enter the	mode of dyli	ng, such e	es cerdlec or resp	Iretory err	est,	Approximete interval Betwee Oneet and Deat	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Director (OR AS A CONSEQUENCE OF): c. c. d.											
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	contributing to	deeth but n	Dt resulting	in the under	lying ceuse g	liven in Pa	rt I. 24a. WAS AN PERFOR	MED?	A C	PERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	E9/Outlootion	2 [] DOA	OTHER:	8. PLACE OF DE						
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I	NJURY	28b. TIM	E OF 28c	INJURY AT WORK?	28	Other (Specify) 8d. DESCRIBE HDW I	NJURY OCC	CURED		
	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, streef, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, streef, factory, office City or Town, State)										ite Number,	
COMPLETED		CIAN: To the best of r									nd manner as stated.	
BE	290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)										fonth, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO	201 5	2 0	TEM 27) (Type	LWY !	Balto	un.	2121	3			
	31. DATE FILEN (DV 02 7") 1991	32. HEGISTRAN	S SIGNATUR QUY DSON	Pandes	2							

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.		
	1. DECEOENT'S NAME (First, Middle, Last)	Frank Ado	olf Fro			2. DATE OF DEATH.	1	91 YEAR	3. TIME OF DEATH 9:
	4. SOCIAL SECURITY NUMBER 218-19-6033		76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1915	Country)	LACE (State or Foreign
DIRECTOR	9. FACILITY NAME (If not institution, give s				OR LOCATION OF D	DEATH	9c. COUNTY OF OEATH		
EG	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCA			10d.		
	Maryland		100.01		timore				
FUNERAL	1611 Orlando	Road		10	ZIP CODE	ł	10g. CIT	SA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Olvorced	12. WAS DECEOENT EVER IN I FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 NO	If yee, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify) en, Puerto Ricen, atc.)	fee or No—	- American Indian, White, etc.	
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 7 th	CATION completed) College (1-4 or 5+)	(Give kind of v		ON est of working	16b. KIND OF B		OUSTRY	
ME	17. FATHER'S NAME (First, Middle, Last)		Chef			777		ant/	Lounge
	Frank Frommel	+			De l'Estado	AME (First, Middle, Meide	,		
BE	190. INFORMANT'S NAME (Type/Print)	U .				Unknown			ds"
10	Frank F. From	melt				Route Number, City or R			MD 21226
	20e. METHOO OF DISPOSITION 1 □ Burlel 2 ※ Cremation 3 □ Remo	oval from State 20b. P cemet	PLACE AND DATE O	DEDISPOSITION /N	ma of	10ATE 200. I	OCATION	City on Town	- 01-1-
	21. SIGNATURE OF FUNERAL BERVICE LIG	ENSEE / Man VI	110 01 0	22. NAME AL	D AODRESS OF F	ACILITY	Dal	TIHOL	e, MD
	George E. M	MacNabb		299	nation Freder	Society ick Rd.	of M	aryl	and, Inc. MD 21228
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Apute Myolardia Infarchous OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CI	POSSIBLE 8 (3	s contributing to death but I malignant		n the underlying	g cause given in	Part I. 24e. WAS A PERFC	N AUTOPSY ORMEO? 2 NO	o o	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? YES 2 NO
NAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
SIC	1 YES 2 NO	HOSPITAL:	lent 3 DOA	OTHER:		6 Other (Specify)			
BY PHY	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. INJ		28d. OESCRIBE HOW	300	CUREO	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify,	At home, term, a	treet, fectory, office		261. LOCATION (Stree City or Town, State	t and Number	or Rural Rou	ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowled	ige, death occurre	ed at the time, date	end piece, end due	to the ceuse(e) end m	enner ee etat	ed,	and menner ee steted.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ingle, Mi	>		29c. LICENSE NUI				Aonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO 201 C. U.O. 31. DATE FILED (Mogli), Data Mari) 4.0.04	Wrosily Park	way;		remoria	Hospiti	AL	2/2	218
	1001 ילי פי יודות אורווידו	32 ATTOMSTHAMM SIGNATI	THE PARTY OF THE P						

A CONTROL OF THE PARTY OF THE P J. Alzei , an Caba Accomb

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. rours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF I	DEAT	Ή	WEIVINE.	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) LLOYD, D., FAU	LKNER		1					2. DATE OF MONTH	F DEATN DA	AY	YEAR	3. TIM	E OF DEATH	
									11	2	5	91		:10 A	M
	4. SOCIAL SECURITY NUMBER 218-70-0827	5. SEX 1)(X) M 2 F	6. AGE (In yrs. last	VRS.		_	HOURS	MIN.	7. DATE OF (Month, 1)	8-56		Count	YLA	(State or Foreig	ın
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	OWN OF	LOCATIO	N OF DE	EATH		9c. COU	INTY OF D			
DIRECTOR	ST. AGNES HOSE	PITAL			BAL'	TIMO	ORE								
EC	10a. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN OR	LOCATIO	ON							SIDE CITY	
		TIMORE			LANSDO	ANSDOWNE								IMITS? YES 2 X NO)
FUNERAL	3209 LORENA AVEN	IUE				101.	ZIP CODE	2122	27		USA	IZEN OF	WNAT CO	OUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. ARI I ☐ YES 2 X N MAR OR DATES	K NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, '						E — Ame k, White etty: WH					
8	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DE0 (Gh	CEDENT'S	Work done dur.	UPATION	N t of working	g	16b. K	IND OF BU	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) H.S.GRAD	College (1-4 or 5	+)		DRIVEI				ED	EE SI	' A ጥሮ	TNC			
MF	17. FATNER'S NAME (First, Middle, Last)		III	NOOK	DICTATI		10 MOTH	ED'C NA	ME (First, Mic			INC.			
	LLOYD E. FAULKN	IER								AIRNS					
) BE	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILIN	G ADDRESS (S	Street an	d Number	or Rural i	Route Number	r, City or Tow	n, State, Zi	ip Code)			
2	LLOYD E. FAULKNE	ER		3209	LORE	NA A	AVE,	LAN	SDOWN						
	20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Ran	noval from State	other pla	ice)	SITION (Name						CATION —				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	_ MEAD	OWRI	DGE MI		ALAL D ADDRES			ELKE	RIDGE	, MA	RYL	AND	
	· Dawn Z	Fish	er		HUI	BBAE	RD FU	JNER	AL HO	-		, MD	2	1229	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina.														
	IMMEDIATE CAUSE (Final disease pr condition		ATERAL M		מת מעי	ONICE	TO DATE	ZTTMO:	NT A					Onset and D	eath
	reaulting in death)	8	O (OR AS A CONSEC			ONCI	IOPNI	E UMO.	NIA					2 week	S
z		CER	EBELLAR :	DYSF	UNCTI	ON S	SYNDE	ROME						years	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	OUENCE (OF):										
FIC	CAUSE (Disease or Injury that initiated events	C	OR AS A CONSEC	OUENCE (OF):								-		
FR	reaulting in death) LAST	d													
	PART ii. Other algolificant condition	na contributing to	death but not n	esuiting	in the unde	erlying	cause o	given in	Part i.	24a, WAS AN	AUTOPSY	24		AUTOPSY FIND	
DICAL						, ,				PERFO			COMPI	ABLE PRIDR TO LETION OF CAL	
MED										VI IES Y			OF DE	ATN? YES 2 NO	
													Y		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:					ACE OF D	EATH (C)	heck only one,)-					
YSI	1 TYES 2 XXHO		☐ ER/Outpatient 3	□ DOA	OTHER:		5 🗆 Re	sidence	6 🗆 Other	(Specify)					
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF 2	8c. INJU		7 40	28d. DE\$0	RIBE NOW	INJURY O	CCURED			
B≺	2 Accident Investigation	28e. PLACE	OF INJURY — At ho	me, farm				JNO	28f. LOCA	TION (Street	and Numbe	er or Rural	Route N	umber.	
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)							Town, State					
PLE	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of	of my knowledge, de	ath occu	rred at the tim	ne, ciata	and place	, and due	to the caus	e(a) and ma	nner sa st	ated.			
OM	one) 2 MEDICAL EXAMIN	IER: On the basis of	examination and/or i	Investigat	ion, in my opi	Inion, de	eath occur	red at the	time, data a	ind place, a	nd dua to	the cause	(a) and n	nanner as atat	ed.
ш	296. SIGNATURE AND TITLE OF CERTIFI	ER 1					29c. LICE							n, Day, Year)	0.4
TO B	James ?.	langer	m.D.					וע	1815		No	vemb	er :	25, 19	91
-	Jaipes E. Tayl	11				e, I	Balt	imor	e, Ma	rylan	d 21	229			
	NOV 27 199	32. FEGISTE	Davidson-A	۸	0										
	1101 21 100	11 -30	INODA A-NI	-JINGK	No.										

	REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	G	LASSA	NAN		2. DATE O	OF DEATH		YEAR	TIME OF DEATH
		2 PF C	ethan .	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		D- 14 1	1898	BIRTHPL Country	ACE (State or Foreign
TOR	98. FACILITY NAME (If not Institution, give arrest and SINA) HOUPITAL RESIDENCE OF DECEMENT	number) F SALT			PR LOCATION OF DE	EATH		9c. COUNT	Y OF DEA	тн
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	IMORE	10c. CITY,	TOWN OR LOCAT						Od. INSIDE CITY LIMITS? YES 2 NO
VERAL		T DRI	ve, Apt.	2	ZIP CODE	8			N OF WH	AT COUNTRY?
ВУ	1 Never Married 2 Married FOI	DECEDENT EVER IN ICES? 1 YES ES, GIVE WAR OR DA	2 0	NC ORIGIN? n, Puarto Ri	(Specify Year can, atc.)	or No 1	4. RACE — Black, \ Specify:	- American Indian, Whita, etc. WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	o (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in HOUSE	k done during mo: etired.)	DN st of working	16b. I	AT E	IOME	STRY	
ш	17. FATHER'S NAME (First, Middle, Last) JOSEPH ROSEN				18. MOTHER'S NA			Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F					
	LEONARD GLASSMAN 20a. METHOD OF DISPOSITION	20b	3198 O		DR., AP	T. 2		IMORE		
	1 November 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)		SHE EMUN		11/25/	1		TIMOR		
	21. SIGNATURE OF AINERAL SERVICE VICENBEE	tellman		22. NAME AN SC 6010	D ADDRESS OF FAMILIES OF FAMIL	SON &	BROS.	, INC		21215
CERTIFICATION	23 PART L Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arreet, shock, or heert failure. List only one ceuee on each line.								Intervel Batween Onset and Daeth	
EDICAL	PART II. Other significent conditions contri	HEART	f not resulting in	the underlying	cause given in		4a. WAS AN A PERFORI	MED?	Of Of	ERE AUTOPSY FINDINGS ANILABLE PRIDR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	-			ACE OF DEATH (Che	ck only one)				
IXSI	1 YES 2 NO 1 Inp	etlant 2 ER/Outpe	tlant 3 DOA 4		5 🗆 Realdence	6 Other (Specify)			
BY PH	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Osy, Year) 28b. TIME OF INJURY AT WORK? WORK? 28d. DESCRIBE HOW INJURY OCCURED									
- 11	2 Accident Investigation 3 Suicide 6 Could not be datermined	PLACE OF INJURY - building, etc. (Specif	- At home, ferm, street/)	et, fectory, office		261. LOCAT City or	ION (Street as Town, State)	nd Number or	Rural Rout	re Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To medical examiner: On the	he beat of my knowle	dge, death occurred a	nt the time, detain	and place, and due	to the cause	(a) and man	ner sa stated.	ause(a) ar	nd manner as stated
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	HH DODGE	, MED I	YTERIN	29c. LICENSE NUM	BER				onth, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED AS	TED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	nt)				2121	5	
		REGISTRAR'S SIGNAT								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician THE FUNEAL DIRECTOR. After this certificate has been signed by the stending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundar-law fine within 72 should be detached for use as the bundar-law fine within 123 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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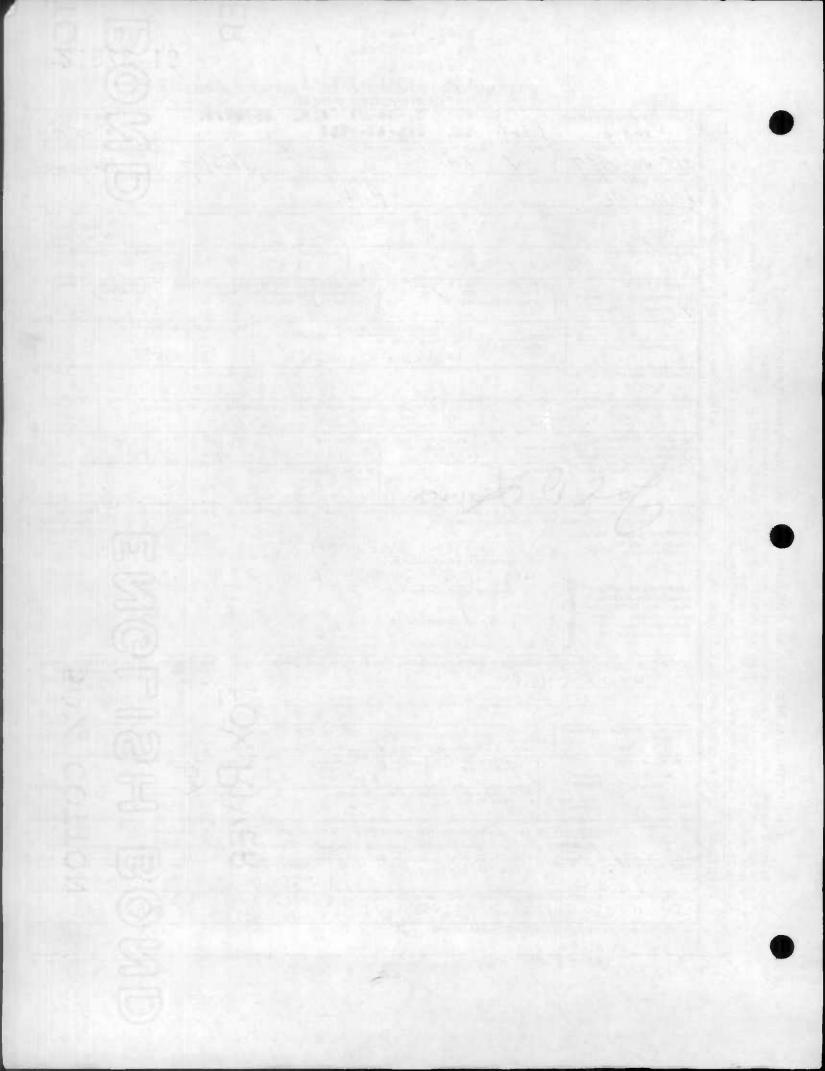
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

			1, 1	1	31	1
FOR STATE REGISTRAR	STATE	OF MA	ARYL		/ [-
DECEDENT'S NAME (First, Middle, Last)	1		- 81			ē

1 - STATE REGISTRAR		STATE OF I	WARYLAN	CERTIF					REG. NO.			
1. DECEDENT'S NAME (First,	, Middle, Last)	1 .	-80.	01-	34-9	1	2 2	2) DATE	OF DEATH DA		3. TIME OF DEATH	
Fannie		Lhat	5 22	215	-41-	105	7	1000			YEAR 5:25 P	
4. SOCIAL SECURITY NUME	aen .	5. SEX		s. last birthday)	IF UNDER 1	VEAD	IF UNDER 24 HRS.	_	V 20,	1991	8. BIRTHPLACE (State or Foreign	
1 1/ 1			O. AGE (III yr.	,	-	DAYS	HOURS MIN.		th, Day, Year)	_	Country)	gn
215-40-49	5/	1 M 2 F	07	YRS.				01.	104/0	7	Marylan	1de
9e. FACILITY NAME (If not in	stitution, give s	treet end number)			96. CITY, 1	TOWN C	R LOCATION OF	PEATH		9c. COUN	TY OF DEATH	
Levindale RESIDENCE OF DEC	CEDENT				Bal	40						
100. STATE	106. COUNTY	r		10c. Cl	TY, TOWN OR		IMORE				10d. INSIDE CITY LIMITS?	
					Di	HLI.	LITORE				1 XYES 2 NO	0
6711 PARK	HETGH	TS AVE.	дрт.	205		101	. ZIP CODE 21.21.5	5	- 46	USA	EN OF WHAT COUNTRY?	
11. MARITAL STATUS	Marinda d	12. WAS DECEDED FORCES?					ENOENT OF HISPA			or No-	14. RACE American Indian, Black White, etc.	
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE					2 NO Spec				Specify: WHITE	
15. OEC	EDENT'S EDU	CATION	164	. DECEDENT	S USUAL OCC	CUPATIO	ON .	16	b. KINO OF BUS	INESS/INOL	USTRY	
Elementery/Secondary (0	1	College (1-4 or 5	+)	life. Do NOT	use retired.)				λш	HOME		
17. FATHER'S NAME (First, M	fiddle, Last)	-		How	E-1	NAI	18. MOTHER'S N	AME (First		HOME		
ASHER	LEVIN						JEN		TEITE			
198. INFORMANT'S NAME (I		VIKORR					and Number or Rure					
			20h PI	ACE AND OA.			ER CT.,	APT.		BALTO	.,MD 21208	-
20s METHOD OF DISPOSIT 1.43 Buriel 2 Cremetic 4 Donetion 5 Other		oval from State	of cem	etary, cremator	y or other pla	ice)	K AMUNO	1	-		IMORE, MD	
21. SIGNATURE OF FUNERA	SERVICE UN	DENSEE	2114	A	S		LEVINSON		ROS.,I	NC.		
23. PART I. Enter the d	iseases, or			-	60	010	REISTER	RSTOW	N RD.	BALT	O., MD 2121	5
iMMEDIATE CAUSE (Findlesses or condition resulting in death)	neart fallure. nal	List only one ca	use on aach	Ilna.	not antar t	tha mo						a ween
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	tiona, ediata	a. ASPIR DUE TO	P P D O (OR AS A CO	NSEOUENCE	not antar t POSEU DISSI REBR	tha mo	da of dying, su	ech aa ca	rdiac or reapi	ratory arre	eat, Approximate interval Bett Onset and I	a ween
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme	eart failure.	a. ASPIR DUE TO DUE TO C.	PIPLE	NSEOUENCE	not antar to PASEU OF): CERR OF):	tha mo	de of dying, so	ech aa ca	rdiac or reapi	ratory arre	eat, Approximate interval Bett Onset and I	a ween
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IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death LAS PART ii. Other algnification in the cause. Enter Underly PART ii. Other algnification resulting in death) 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suleide 8 4 Homicide 29e. CERTIFIER CERTIFIER Check only 0 2 MED	tiona, dilata ING ury ST Condition Could not be determined	ASPIRAL: DUE TO DUE	O (OR AS A CO O	Ilina. NSEOUENCE NSEOUENCE NSEOUENCE NSEOUENCE At home, ferm Je, deeth occur ddor investige	OTHER AND NURSH	26. Pl 28c. Pl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in the sign of t	n Part I. Check only o 28d. ol 28f. LO Ciff	24e. WAS AN PERFOR 1 YES 2 One (Specify) ESCRIBE HOW II	AUTOPSY MED? ANJURY OCCURRED Number and Num	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION DE CAL OF DEATH? 1 YES 2 NC	a ween Daath Dings) USE
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32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

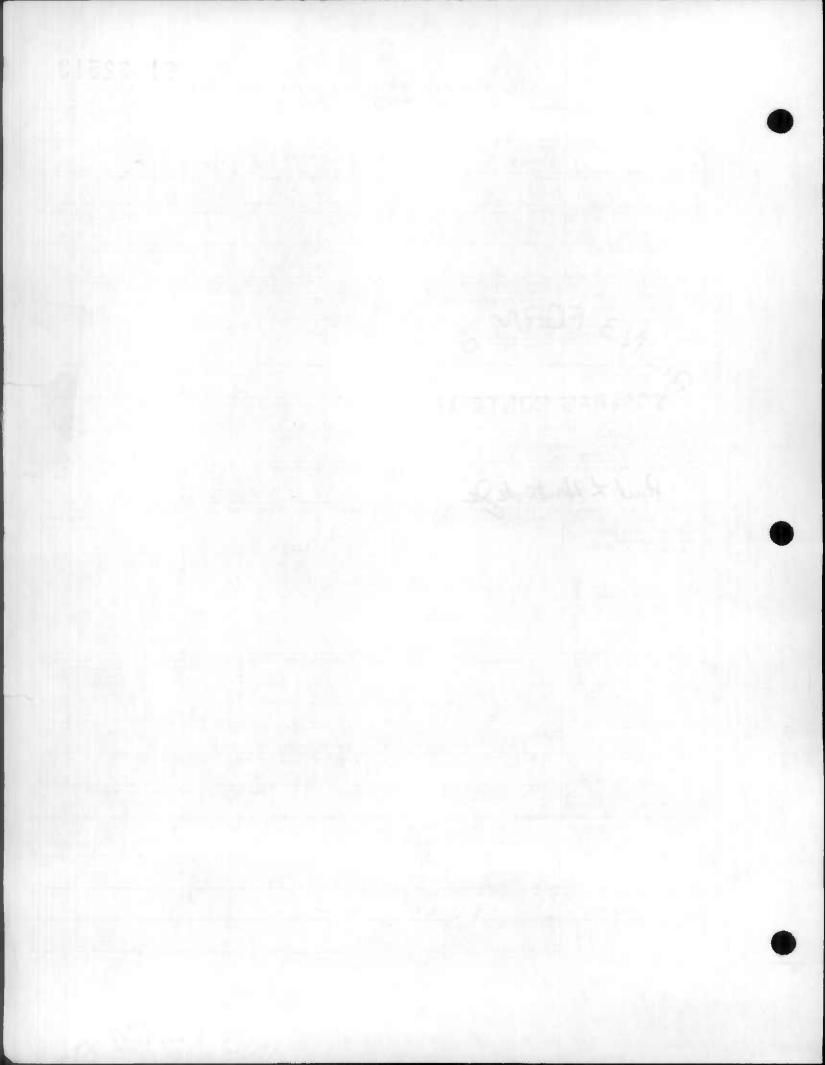


mit. Pages 1, 2, 3 should

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

S	TATE C)F I	MARYLAN	ID /	DEPART	MENT	0F	HEALTH	AND	MENTAL	HYGIEN
				CE	ERTIFIC	CATE	0	F DEAT	ГН		REG. NO

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTII	RTMENT OF		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	V. HEIN	NEMAN			2. DATE OF DEATH MONTH	5-9	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-50-9420 96. FACILITY NAME (If not institution, give s	1 🗆 M 2 🗽 F	. AGE (In yrs. last birthday, 95 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	0	Maryland			
CTOR	Keswick Nursing				imore Cit		Sc. Codimi	or sealin			
DIRECTOR	Maryland 106. COUNT	Y	10e, C	Baltimo	re City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	5611 Tramore Rd.				21214		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
ВХ	11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 X NO	If yes,	DECENDENT OF HISPAI apacify Cuban, Mexica (ES 2 NO Specific			RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 9 yr s	JSINESS/INDUST	RY								
BE CON	17. FATHER'S NAME (First, Middle, Last) John W. Tan	kersley			18. MOTHER'S NA	V. C	ollins				
TO B	Mr. Harry J. Hein	eman				Route Number, City or Too Severn, MD	wn, State, Zip Coo 21144	(6)			
	29a. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)		other place)	Oak Lawr	cemetery, crematory or 11/27/9	1 Ba	altimore	e,MD			
	Paul L Ha	entock	. Hartsock, JR		onard J. F	Ruck, Inc.		D 21214 arford Rd			
CERTIFICATION	ehock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (C	PAS A CONSEQUENCE	OF):	Failer.	Seare		Interval Between Onset and Death 2 weeks 30 years			
MEDICAL	PART II. Other algnificant condition Organic de Strokes	_	eath but not reaultin	g In the underl	ying cause given in		N AUTOPSY DRMED2 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpatient 3 □ 004	OTHER:	B. PLACE OF DEATH (C						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? INJURY M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED									
ETED	3 Suicide 8 Could not be detarmined		INJURY — At home, farm tc. (Specify)	n, atroot, ractory,	Since	281. LOCATION (Stree City or Town, State		tura route rumon,			
COMPLETED	Check only 2		ny knowledge, death occ imination and/or investiga					nuse(e) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 25 N DY 9 I 31b. NAME AND ABORESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	ers le	3 W	40						
	NOV 2 (3 1991 4	whie Davidson	Randell!							



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bun'al, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		CATE OF			GIENE a. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ТН		3. TIME OF DEATH	
	Dorothy Jones					MONTH 7 7	2.3	YEAR 9]	5:00 a	mm.
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	гн	8. BIRTHP	LACE (State or Fore	
	212-32-7049	**	2 YRS.	MONTHS DAYS	HOURS MIN.	7/27/2	29	Nort	h Carol	ina
-	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN O	R LOCATION OF C	DEATH	9c. COUN			iiid
DIRECTOR	CHURCH HOSPIT				TIMORE	CITY				
뿔	10a. STATE 10b. COUNTY			, TOWN OR LOCATI					10d. INSIDE CITY LIMITS?	
i ii.	Md. B	altimore		Baltimor					YES 2 N	0
RAL				101.	ZIP CODE		10g. CITIZ	EN OF W	HAT COUNTRY?	
FUNER/	2813 Maisel Str				1230		U.	S.A.		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES7 1 YES	2 NO	13. WAS DECE	ENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yas or No-	14. RACE - Black,	- American Indian White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES'	1 TYES	2 NO Spec	ity:		Specify	Black	
9	15. DECEDENT'S EDUC		18a. DECEDENT'S L	USUAL OCCUPATIO	N	16h KIND (F BUSINESS/INDU	ETDY	DIACK	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during mos retired.)	t of working	TOO. KIND	/ BOSINESS/INDO	POINT		
릴	, , , , , , , , , , , , , , , , , , , ,	00/10ge (1-4 0/ 3+)	Laund	dry		C	leaning			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, A				
ш	Anthony Alston					Plummer				
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an		Route Number, City		Code)		
F	Rosa Jones Knox					Baltimo			10	
	20a. METHOD OF DISPOSITION 1 [X Burlal 2] Cremation 3] Ramo	20b	PLACE AND DATE OF	F DISPOSITION (Nan	ne of	0.074	c. LOCATION C			
	4 Donation 5 Other (Specify)	cem	Mount Z10	on Cemete	ery	11/29	Baltimo	re	Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSPE	/	22. NAME AND	D ADDRESS OF F	ACILITY				
	· //////////	XIMM)		Willia	am C. Bi	rown Com	munity F	uner	al Home	
	23. PART I. Entar the disasses, or c	omplications that caused	the death Do no	1206	W. Nort	n Avenue	Baltin	ore.	Md.212	.7
	shock or heart failure I			ot enter the mod	la of dulan au	ah aa aandisa as		- 4		
		ist only one cause on e	ach lina.	ot enter tha mod	la of dying, au	ch aa cardiac or	reapiratory arre	st,	Approximate interval Bate	waen
	IMMEDIATE CAUSE (Final disasse or condition	List only one cause on e	ach lina.		la of dying, au	ch as cardiac or	reapiratory arre	st,	Approximate	waen
	IMMEDIATE CAUSE (Final	a. P	WBABL	e 56	la of dying, au	ch aa cardiac or	reapiratory arre	st,	Approximate interval Bate	waen
	IMMEDIATE CAUSE (Final disasse or condition	DUE TO (OR AS A	SCONSEQUENCE OF	& SE	PSLS	ch aa cardlac or	reapiratory arre	st,	Approximate interval Bate	waen
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	WBABL	& S&	PSLS	ch aa cardlac or	reapiratory arre	st,	Approximate interval Bate	waen
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	& S&	PSLS	ch aa cardlac or	reapiratory arre	st,	Approximate interval Bate	waen
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents	DUE TO (OR AS A	CONSEQUENCE OF	6 56	PSLS	ch aa cardlac or	reapiratory arre	st,	Approximate interval Bate	waen
	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	6 56	PSLS	ch aa cardlac or	reapiratory arre	st,	Approximate interval Bate	waen
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burial, cremation, or removal. IMPORTANT: 11 item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF MARYLAND			HEALTH AND I			32515
1	1. DECEDENT'S NAME (First, Middle, Last)		ERTIFIC	ALE OF	DEATH	2. DATE OF DE	DAY Y	3. TIME OF DEATH
	(280RGE M.	JO550N						11 9:00P M
	4. SOCIAL SECURITY NUMBER 216-01-6380	5. SEX 6. AGE (In yrs. las		F UNDER I YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BII (Month, Day, 1 2.	Year)	BIRTHPLACE (State or Foreign Country) Virginia
	9a. FACILITY NAME (If not institution, give st	reet and number)	9	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
TOR	Charlestown Healt	h Center	В	altimo	re		Bal	timore
DIRECTOR	100. STATE 10b. COUNTY Maryland Balt			timore				10d. INSIDE CITY LIMITS? 1 ☐ YES MX NO
1 I	10e. STREET AND NUMBER				Of, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	15 Parkview Terra	ce			21228		U.S	.A.
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF	RMED		CENDENT OF HISPAN			I. RACE — American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES Y	NO		specify Cuban, Mexica S 34 NO Specify		etc.)	Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		ECEDENT'S US Give kind of work a. Do NOT use r	K done during n	TION nost of working	18b. KIND	OF BUSINESS/INDUS	STRY
LE	Elamentary/Secondary (0-12)	College (1-4 or 5+)				.,	C-1	+ a.
MP	2	M	amager				orton Sal	t Co.
	17. FATHER'S NAME (First, Middle, Last) George M. Jobson				16. MOTHER'S NA		11erton	
BE	19a. INFORMANT'S NAME (Type/Print)		Db. MAILING AI	DDRESS (Street	and Number or Rural I	0=		ode)
5	C Devald Tobson				th Dr.	and the same		
	G. Ronald Jobson	20b PLACE	E AND DATE O				20c. LOCATION — CI	ty or Town. State
	1 Burlet 2 Crementon 3 America	over front State of cemetary	y, crematory or	other place)		1		
	21. SIGNATURE OF FUREHAL SERVICE LIC	ENGER A	Maria		AND ADDRESS OF FA	CILITY	1 Towson	
	* Kmald Es	chase h		Ruck	Towson I		O York Rd Home, In	
	23. PART I. Enter the diseases, or capacity or heart failure	complications that caused the d		anter the m	oda of dying, suc	h aa cardiac d	or reapiratory arres	Approximata
	IMMEDIATE CAUSE (Final disease or condition	a. As pira ti		Paeu	mouriq			Onset and Daath
	reaulting in death)	OUE TO (OR AS A CONSE	EOUENCE OF):					
z		stroke						
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):					
FIC	CAUSE (Disease or injury that initiated avants	CDUE TO (OR AS A CONSE	OUENCE OF):					i
E	reaulting in death) LAST							
CEI		d						
AL	PART II. Other significant condition	s contributing to death but not	rasuiting in	the underly	ng cause given in	Part i. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC						1 [YES 2 NO	OF DEATH?
ME								1 TYES 2 NO
ż								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	neck only one)		
SI	1 TES 2 THO	1 Inpetient 2 ER/Outpetient		OTHER:	ome 5 🗆 Realdence	6 🗆 Other (Spe	ocify)	
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY V	NJURY AT VORK? YES 2 NO	28d. DESCRIB	E HOW INJURY OCCU	RED
ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At h building, etc. (Specify)	oome, farm, atr	eet, factory, of	fice	281. LOCATION City or Tox	(Street and Number of vn, State)	r Rural Route Number,
E	29a. CERTIFIER	ICIAN, To the head of the head	da ath an an	-A Ab - C	A. and also as a	4-4		
COMPLET	(Check only	ICIAN: To the best of my knowledge, of ER: On the bests of examination and/or						
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
BE	8/1-	aut			D340			122/9/
5	30 NAME AND ADDRESS OF PERSON WH	O COMBI ETED CALIGE OF OPATH AT	EM 27 (5-0 0	heled)	1			/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type. Print)

2 B 1991 Julia Deviden Pondelle

30. NAME AND ACCORD ACCORD AND AC

Choice Lone

58760, BALTIMORE, MARYLAND 21215-0020	cuted within 24 nours after death. Page 6 may be retained by the hospital or attending phy-	nd completely filled in by the funeral director, page 5 should be detached for use as the bur nutal, cremation, or removal.	tic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Alexander,

NOV SERECISTRAR'S SIGNATURE

Carla S.

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE	STATE OF M					EALTH AND DEATH	MENTA			1	32516
	1. DECEDENT'S NAME (First, Middle, Lest)			Ti a	nde	e //	/	2. DATE	-	AY YI	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 087-05-7972	1 M 2 □ F	8. AGE (in yrs. last	birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year)	5 8	Country)	ICE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give str Stella Maris Hos					WSO1	R LOCATION OF	DEATH		Balt		
DIRECTOR	10a. STATE 10b. COUNTY	ALTIMORE		10c. CIT	Y, TOWN O		dallsto	m				d. INSIDE CITY LIMITS? X YES 2 \(\square\) NO
FUNERAL	10e. STREET AND NUMBER 822 COURTLEIGH DR.						ZIP CODE 21133	***				T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		YES 2 N		H	yes, spe	ENDENT OF HISP.	can, Puarto		s or No- 14.	Black, W Specify:	American Indien, hita, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION	(Gh	ve kind of v Do NOT us	USUAL OC vork done d te retired.)	luring mo	DN st of working	188	JEWEL	SINESS/INDUS		
BE CON	17. FATHER'S NAME (First, Middle, Lest) SAMUEL KANDELL						18. MOTHER'S N	SERTA	Middle, Maiden			
TO B	19a. INFORMANT'S NAME (Type/Print) JONATHAN KANDELL						nd Number or Rure			rn, State, Zip Co		1234
	1 X Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21 BIGNATURE OF PUREFAL BERVICE LIGHT 23 PART I. Ditter the diseases, of contents of the property o	Designation that	se on each lina	EMORE ath. Do r	Property of the plan of the pl	NAME AN SOI 60 tha mo	11/24 D ADDRESS OF I LEVINS D10 REIS da of dying, au	FACILITY SON & STERS ICH as car	BROS, FOWN R	D. BA	STOW	N, MD
CERTIFICATION	Sequentially liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO	OR AS A CONSEC	OUENCE O	F):	ur		mq				
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to	death but not re	aaulting	in tha un	derlyin	g cauaa givan i	n Part i.	24a. WAS AI PERFO 1 YES	RMED?	CC	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 M NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outpetlant 3	□ DOA	OTHER	2:	ACE OF DEATH		-	Yo		
ву РНУ	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY	28b. TIM		28c. INJ WO				INJURY OCCUP	_	
ED	3 Suicida 8 Could not ba 4 Homicide datarmined	28a. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, ferm,	street, facto	ory, offic	•		CATION (Street or Town, State	and Number or	Rurai Roul	e Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINET										ause(s) ar	nd menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	alex	and	ev	0		29c. LICENSE N				IGNED (M	onth, Day, Year) 2-9/

M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

merastatic non-small bell lung

68760,
BOX
, P.O.
RECORDS
OF VITAL
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE	STATE	0F	MARYLAI

STATE OF MARYLAND / DEPARTMEN	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	OF DEATH	DEC NO

	HEGISTHAN			CERTIF	ICALE	JE DEF	AI II	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	VEAD	3. TIME OF DEATH
	NANCY		Ε.		LEP	SON		11 25	19	949	2:36 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		s. BIRTHP	LACE (State or Foreign
	150-28-4037	1 □ M XX F	53	YRS.		HOOME	-	JUNE 30,	1938		JERSEY
œ	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATH	9c. COUN	TY OF DE	ATH
DIRECTOR	ST AGNES	HOSPITA	A L		В	ALTIN	ORE	CITY			
EC	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCATION					10d, INSIDE CITY
E	MARYLAND BA	ALTIMORE			CATONS	TILLE					LIMITS?
AL	10e. STREET AND NUMBER					10f. ZIP CO	DE		10a, CITIZ		AT COUNTRY?
EB	236 GRALAN ROAD						212	2.8		U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. WAS	DECENDENT	OF HISPA	NIC ORIGIN? (Specify)		14. RACE	- American Indian.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	TVNO		e, specify Cul		en, Puerto Rican, etc.)		Black, Specify	White, etc.
											WHITE
TED	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16e.	OECEDENT'S	work done durii	PATION g most of work	king	16b. KIND OF E	USINESS/INDL	JSTRY	
S.	Elementary/Secondary (0-12)	College (1-4 or 5 +		ille. Do NOT us							
COMPLET	17. FATHER'S NAME (First, Middle, Last)			HOUSE	VIFE				HOME		
	THOMAS MURRAY							AME (First, Middle, Maide	en Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)			405 444 1140			ERTR				
2	RICHARD LEPSON	(HUSBAND)					Ploute Number, City or TONSVILLE, N			1000
	20a METHOD OF DISPOSITION			CE AND DATE			, CAI				
	1XXBurial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery,	JOHN S	ther place!	TFDV	1		OCATION — C		r, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE ,	01.)	22. NAN	E AND ADDR	ESS OF FA	CILITY			
	K. Ciary	Withe	1								ERAL HOMES E,MD.21228
NOI	23. PART I. Enter tha diaeasas, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. SUN A	se on each i	HOUSEOUENCE OF	D HE						Approximate interval Batween Onaat and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CON	SEQUENCE OF	7):						
- 11		0.									+
V: MEDICAL	PART II. Other significant condition	s contributing to	death but no	ot rasulting i	in the under	lying cause	given in		N AUTOPSY DRMED? 2 NO	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PLACE OF	DEATH (Ch	eck only one)		1	
is I	X X YES 2 NO	HOSPITAL:	XER/Outpatient	3 DOA	OTHER:	Home 5 🗆 F	lasidenca	6 Other (Specify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending Invastigation	26e. DATE OF (Month, De	INJURY ny, Year)	28b. TIMI	E OF 28c	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCL	JRED	
	2 Accident Invastigation 3 Suicide 8 Could not be detarmined	28s. PLACE Of building,	F INJURY — At atc. (Specify)	home, farm, a	treat, fectory,	office		28f. LOCATION (Stree City or Town, Stat	t and Number o	r Rural Roi	ute Number,
LE.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge	death occurre	od at the time	data and also	e and di	to the enuc-fol 1		4	
COMPLETED	one) 2X MEDICAL EXAMINE										and manner ea stated.
BE	29b. WOWATURE AND TITLE OF CONTIFIER	11 . 1	to.			29c. LIC	ENSE NUI	MBER	29d. DATE	SIGNED (A	Aonth, Day, Year)
2	men ma	Mall	Why				OCM	E	▶11	2	6 1991
	30. NAME AND ADDRESS OF PERSON WH MANY AMON A	· WPT		TEM 27) (Type, PENN		T B	ALTI	MORE, MAE	RYLANI)	21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI			~ 1 11 11		. 24 2 4	IIO III 9 IIAI			21201
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BALTIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner r	l
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	with	crem	veni	l
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ME	

	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	FOWAKD	TUCH	Edward	-	ch		22	91	(0:45A M
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday		EAR IF UNDER 24 H	18.4 mark \$ 190 14 1	,	8. BIRTHE Country	PLACE (Stete or Foreign
	165-14-4070	1 1 M 2 F	YRS.		NOONS I	4/28/	20	'	yland
~	9a FACILITY NAME (If not institution, give	street and number))	9b. CITY, TO	WN OR LOCATION (OF DEATH	9c. COU	NTY OF DE	ATH
0	HESIDENCE/OF DECEDENT	ney Hasp	we	Bal	timore .	City			
EC	10a. STATE 10b. COUNT	TY	10c, C	ITY, TOWN OR L	OCATION				10d. INSIDE CITY
DIRECTOR	Maryland				e , City				x LIMITS?
AL	10e. STREET AND NUMBER				10f. ZIP CODE		100 CITI	ZEN DE WI	YES 2 NO
FUNERAL	27 South Calho	oran Ct			27222				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	21223	SPANIC ORIGIN? (Specify Y	I Or No.	S.A.	- American Indian.
- 1	1 Never Married 2 Married	FORCES? 1 YES		If yo	a, specify Cuban, Ma YES 2 NO S	xican, Puarto Rican, atc.)	0.110	Black,	White, atc.
) BY	3 Wildowed 4 K Divorced				10 22 110	odony		Specify	White
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(Give kind o	'S USUAL OCCU	PATION a most of working	16b. KIND OF BI	JSINESS/IND	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	g most or working				
COMPL	12		Nursi	ng Asst		Univer	sity 1	Hospi	tal
3	17. FATHER'S NAME (First, Middle, Last)	ala				NAME (First, Middle, Maide	Sumame)		
N N	J. Edward Lync	:11				abel Kella:			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (St	reet and Number or R	ural Route Number, City or To	vn, State, Zip	Code)	
	Mrs. n. Jeanne			Dundee		verna Park,	Md.	2114	6
	Donation / Cithe (Specify)	noval from State 201	PLACE AND DAT	other placa)		1	OCATION -	City or Tow	n, Stata
	21. SIGNATURE OF FUHERAL SERVICE L		litop Se			11/23/91	Tows	on,	Md.
	1/116/	11/		22. NAN	E AND ADDRESS O	f FACILITY 1050 Yorl	bg s	2120	Δ
	Model 6. He	habe the		Ru	ck Towso	n Funeral Ho	amo "	Inc	
	23. PART I. Enter the diseases, pr	complications that cause List only one cause on a	d the deeth. Do	not enter the	mode of dying,	such ee cerdlec or reep	iratory err	est,	Approximete
	IMMEDIATE CAUSE (Fine)	Link Only One Cedae Oil e	ecn line.	L	100	1-			Intervel Between Onset and Death
	diseese or condition resulting in deeth)	· Ne	PIND	1020	IV	MST			
		DUE TO ICH ME	COMMEQUENCE	do /	1/00				/
	Sequentially list conditions,	· 5	OPHI	GEO	1 601	anom	d		Como
	If any, leading to immediate	DUE TO JOR AS A	GONSÉGLIENCE)	×1:		e destructed in			-
VEHILLAHON	CAUSE (Disease or Injury	C. MARIE TO LOSS AND A	-						
3	thet initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OPS					
	- (d							
4	PART II. Other significant condition	ns contributing to death b	at not resulting	in the under	lying cause given	In Part I. 24s. WAS AN	AUTOPSY	240. 9	VERE AUTOPSY FINDINGS
3						PERFO			WAILABLE PRIOR TO COMPLETION OF CAUSE
6 II						1 C YES	I NO		W DEATH?
ĕΙ	/							1	ARR 5 WO
	25. WAS CASE REFERRED TO MEDICAL			2	R. PLACE OF DEATH	(Check only sous)		_	
		HOSPITAL:	ottlent 3 [] DOA	OTHER:		co a Notice (Species)	1006	211	10
	T VES / THO	The second secon	29th TH	ME OF 28s	PAJURY AT	Zed. DESCRIBE HOW	HUURY DEC	UNED	
		38s. DATE OF INJUSTY	- 11	DURY W	WORK?		/		
PHI SICIAR	1 VES 2 THO 22 MANAGEN OF DEATH 1 MANUTAL S PRINTING	28s. DATE OF INJUSTY (Month, Clay, Year)	100						
of Philosophia.	2. MANUAL S Pending 2 Accident S Could not be	(Minth, Day, Year) 28s. PLACE OF INJUSTY	- Al home, ferm,		office	201. LOCATION (Street	and Number	or Hunel Hou	de Mumber
BT PHTSICIAN:	t VES THO 21 Managh OF DEATH 1 Matural 5 Pending 2 Accident Investigation	(Month, Day, Year)	— At home, ferm,		office	28f. LOCATION (Street City or Yown, Street	and Number	or Hunel Hou	inte Mumber;
BY PHYSICIAN:	2. MANUAL 5 Pending 2 Academ S Pending 3 Suicide 6 Could not be 4 Homicide	28e. PLACE OF INJURY Indiding, etc. (Spec	P(#2)	street, factory,		City or Jown, State			ite Mumber
BY PHYSICIAN:	# YES MADE E MANUS OF CEATH 1 Matural 5 Pending 2 Accident 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	The PLACE OF INJURY Instituting, etc. (Special Control of the best of my know	ledga, death occur	street, fectory,	data and place, and	due to the cause(s) and ma	nner as state	rd.	
COMPLETED BY PHYSICIAN:	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	PLACE OF INJURY Instituting, str. (Special Control of the best of my know ER: On the basis of examination	ledga, death occur	street, fectory,	data and place, and in, death occured at	dus to the cause(s) and ma	nner as state	ed. n cause(a) s	and manner as stated.
BE COMPLETED BY PHYSICIAN:	# YES MADE E MANUS OF CEATH 1 Matural 5 Pending 2 Accident 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	PLACE OF INJURY Instituting, str. (Special Control of the best of my know ER: On the basis of examination	ledga, death occur	street, fectory,	data and place, and	dus to the cause(s) and ma	nner as state	rd.	and manner as stated.
TO BE COMPLETED BY PHYSICIAN: MEDIC	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	PLACE OF INJURY INJURY INJURY IN THE PROPERTY	ledga, death occur n and/or Investigat	street, fectory,	data and place, and in, death occured at	dus to the cause(s) and ma	nner as state	ed. n cause(a) s	and manner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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	STATE OF MARYLA	IND / DEPARTMEN CERTIFICAT	E OF DEATH	MENTAL HYGIEI REG. NO	_			
DECEDENT'S NAME (First, Middle, Last,			ris	2. DATE OF DEATH MONTH	11-25- BAY 9	AR 1:24 PM		
SOCIAL SECURITY NUMBER 150-34-7239 • FACILITY NAME (If not institution, give	1 - M 2X F 4	5 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 5-25-19	9c. COUNTY	Germany		
Baltimore Cou			Randallst			Ltimore		
nesidence of decedent 106. STATE 106. COUN Maryland C	arroll	10c. CITY, TOWN	or LOCATION LTTIOTTSVIL	le		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
2413 Forest H	rill Poad		101. ZIP COOE 211 C	11.	10g. CITIZEN	OF WHAT COUNTRY?		
. MARITAL STATUS . Never Merried 2 Merried . Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 2NO	3. WAS DECENDENT OF NISPA If yee, epecify Cuben, Mexic 1 YES 2 NO Speci	NIC ORIGIN? (Specify Y		RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S ED (Specify only highest grad	de completed)	18e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	18b. KIND OF B	USINESS/INDUST			
Elementary/Secondery (0-12)	College (1-4 or 5+) 5+		al Enginee			nghouse		
Konstantin U		18. MOTHER'S N.	AME (First, Middle, Meide Basch	_{n Sumame)} atarna				
William F. Mc			ss (Street and Number or Rural Corest Hill	Route Number, City or To	wn, State, Zip Coo			
0e. METNOD OF DISPOSITION Burlel 2 **XCremetion 3 ** Re- Donetion 5 ** Other (Specify)	moval from State	PLACE OF DISPOSITION (Name of cemetery, cremetory or natory, Inc	20c. L	ocation — city	or Town, State		
George E.	- Mac the	2 8	name and address of F remation S	ociety o	f Mar	yland, Inc. , MD 21228		
eaulting in death) Sequentially liat conditiona, f any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):						
ART II. Other significant condition	1 failure			Pert i. 24e. WAS A PERF. 1 \(\text{ YES} \)	NA AUTOPSY ORMED?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATIN? 1 YES 2 NO		
	1 Introvacion							
Disseminated Liver fuil		3	1 1			1 123 2 10		
Disseminated Liver fuil		ОТН	28. PLACE OF DEATH (C					
DISSEMINATED LIVEV FULL S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	ОТН	28. PLACE OF DEATH (C		/ INJURY OCCUR			
Disseminated Liver full S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JANO 7. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	atient 3 DOA 4 N	28. PLACE OF DEATH (C ER: uraing Nome 5 Reeldence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify)	it and Number or	ED		
DISSEMENTATES LIVEV FULL S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined 10. CERTIFIER Check only 1 CERTIFIER Check only	HOSPITAL: 1 inpatient 2 ER/Outp. 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	atient 3 DOA OTH 4 N A N A N A N A N A N A N A N A N A N	28. PLACE OF DEATH (C ER: tursing Nome 5	8 Other (Specify) 28d. DESCRIBE NOV 28f. LOCATION (Street City or Town, Steet City o	ot end Number or te)	ED Rural Route Number,		
DISSEMINATE LIVEV FULL 5. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident 3 Suicide 8 Could not b determined 9. CERTIFIER (Check only 1 CERTIFYING PNY One) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 ER/Outp. 28e. DATE OF INJURY (Month, Dey. Year) 28e. PLACE OF INJURY building, etc. (Spec	atient 3 DOA OTH 4 N A N A N A N A N A N A N A N A N A N	28. PLACE OF DEATH (C ER: tursing Nome 5	8 Other (Specify) 28d. DESCRIBE NOV 28f. LOCATION (Stree City or Town, Ste e to the cause(e) end ne time, date end place,	of end Number or stelle)	ED Rural Route Number,		
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REGISTRAR 1. DECEDENT'S NAME (First, Middle,	I net)		CERTIF	ICATE	OF DEA	H	REG. NO).	1	1 TIME OF SELTH	
GEORGE	Lasty		MAKR	TS			2. DATE OF DEATH MONTH 2	3 1 C	9 9 1	3. TIME OF DEATH 2:35 P	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7 DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
094-66-9211	1 XM 2 F	36	YRS.	MONTHS	DAYS HOURS	MIN.	3-31-55	5	Gre		
9e. FACILITY NAME (If not institution	give street and number)	1		9b. CITY, T	OWN OR LOCAT	TION OF DE	ATH	9c. COU	NTY OF D	EATH	
PRINCE GEOR	RGE GENER	AL HO	SPITA		CHEVE	RLY		PR	INCE	GEORGE	
	OUNTY			Y, TOWN OR	LOCATION				1	10d. INSIDE CITY	
Maryland	-				e City					LIMITS?	
					101. ZIP COI	DE		HAT COUNTRY?			
604 Quail St	reet		21224					Gr	eece		
10e. STREET AND NUMBER 604 Quail St: 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES	NO NO	lf y		en, Maxicar	C ORIGIN? (Specify Y , Puerto Rican, atc.)	ea or No-	14. RACE Black Speci	- American Indian, White, etc.	
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 6 th 17. FATHER'S NAME (First, Middle, L.)	grade completed)		(Give kind of	ECEDENT'S USUAL OCCUPATION 16b. KIND OF BU 16b. KIND OF BU 16b. KIND OF BU 16b. KIND OF BU					OUSTRY		
Elementary/Secondary (0-12) 6th	College (1-4 or 5	+)	Con	tract	or		Co	nstru	ctio	n	
17. FATHER'S NAME (First, Middle, Li	st)				16. MO	THER'S NAI	ME (First, Middle, Maide	n Sumame)			
John Makris					V	iolet	ta Lambro	u			
198, INFORMANT'S NAME (Type/Prin)						oute Number, City or To				
			P. 0	. Box	35200	, Kie	rtoni, Lo	krida	s, G	reece	
20a METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3	Ramoval from State		ACE AND DATE					OCATION —			
4 Donetion 5 Other (Specifical Signature OF Funeral Service)		St	. Deme		Cemete		112-3 Ki	erton	i, G	reece	
21. SIGNATURE OF PUNERAL SERV	400	trees	- 1	Ma	tthews	Fune	ral Home				
(Bun &	. mall	heer	13	30:	21 East	tern A	Ave., Bal	timor	e, Mo	1. 21224	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO	othol	PNSEOUENCE O		urie	5				Interval Between	
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	c		ONSEQUENCE O								
PART II. Other significent cor 25. WAS CASE REFERRED TO MEDI EXAMINER? XIXI YES 2 NO 27. MANNER OF OEATH	ditions contributing to	o deeth but	not resulting	in the und	erlying cause	given in		AN AUTOPSY ORMEO? 2 NO	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF	DEATH (Che	ck only one)				
X1X YES 2 NO	1 Inpatient X		26b, TIN		esc. INJURY AT	Residence	6 Other (Specity) 28d. OESCRIBE HOV	/ IN ILIDY OF	CUREO		
	(Month,	Day, Year) 3 19	IN.	JURY	WORK?	□ NO				M SCAFFO	
2 Accident Investig	28a. PLACE	OF INJURY -	At home, farm,								
Suicioe 6 Could	building	, etc. (Specify)					City or Town, Sta	te)		Number or Rural Route Number,	
TOWER-3907 56th BLACE BLAD								UILU .	TIUL	TAND	
4 Homicide detarm			a death com-	and at the stee	a data and ri-	no mand door	to the coursels and			LAND	
29e. CERTIFIER (Check only XXX MEDICAL E)	PHYSICIAN: To the best of	of my knowledg						anner aa ata	nted.		
	PHYSICIAN: To the best of	of my knowledg			Inlon, death occ	ured at the	time, data and place,	anner as ats	ited. the couse(s) and manner as stated.	
296. SIGNATUSE AND TITLE OF CE	PHYSICIAN: To the best of	of my knowledg			Inlon, death occ		time, data and place,	anner as ats	ited. the couse(s		
30. NAME AND ADDRESS OF PERS	PHYSICIAN: To the best of	axamination an	nd/or Investigati	on, in my opi	Inion, death occ	cured at the	time, data and place,	anner as ats	ited. the couse(s) and manner as stated. (Month, Day, Year)	

Julia Daydon-Handell

NOV 27 1991

NOVET 1991 JONES TO MILE PRINCIPLE

burial-transit the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 use as the page 5 should be detached for retained by Page 6 may be director, death. the in by 68760. executed and con burial BOX certificate be 0 signed by the atte RECORDS.

The law

1 YES 2 NO

5 Pending

Investigation

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

HOSPITAL OR ATTENDING PHYSICIAN:

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After t

DIRECTOR: A hours after d

TO THE FUNERAL (be filed within 72 h

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DIVISION OF VITAL

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at notified a be must examiner medical the event. traumatic other 9 injury, any shows a been : Dept. this certificate ha with the State Do riked, or item 2 marked,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HAROLD MITIVICK 1: 06Am 11-21-4. SOCIAL SECURITY NUMBER 5. SEX 8, AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 F 217-14-2310 YRS. 68 10/8/1923 MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SUBURBAN HOSPITAL BETHESDA MONTGOMERY 10a, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY BETHESDA X LIMITS? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9517 OLD GEORGETOWN RD. 20814-1723 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WARFOR DATES 1 Never Married 2 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify: X WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) AT LAW 4 ATTORNEY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY MITNICK BE ADELINE EHRLICH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8315 FRONTWELL CIR. MONTGOMERY VILLAGE, MD 20879 ELLEN STLVERMAN 20a, METHOD OF DISPOSITION
1 (ABurial 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 4 ☐ Donation 5 ☐ Other (Specify) HEBREW FRIENDSHIP 11/22/91 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that ausar tha death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or haart failura. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onsat and Death disease or condition deno Corcin unknow resulting in death) DUE TO (OR AS A CONSEQUENCE OF): cuct CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immadiate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1 GENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28b, TIME OF INJURY

OTHER.

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4 ☐ Nursing Homa 5 ☐ Realdenca 8 ☐ Other (Specily)

28c. INJURY AT WORK?

1 YES 2 NO

2 MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, dasth occursd at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) oope

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10400

0 0 Co 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Pandelle 199 27

1\ Impatient 2 ER/Outpatient 3 DOA

28a. DATE OF INJURY

28d. DESCRIBE HOW INJURY OCCURED

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Alan L. Kimmel
31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE	STATE OF N	MARYLAND /	DEPAI	RTMEN	T OF H	IEALTH	AND M	IENTAL	HYGIENI	9 E	1 0	2522
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last						DEAT			REG. NO.			
	Genevie			orto	n				NOV 2	DAS		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)		1 YEAR	IF UNDER		7 DATE OF	DIOTH		6. BIRTHP	LACE (State or Foreign
				YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	2, 1	922	(M	aryland
TOR R	90. FACILITY NAME (If not institution, give 3017 Iona Terrace			9b. CITY		timore				9c. COU	NTY OF DEA	тн	
DIRECTOR	10a. STATE 10b. COUN	тү		Baltimore City								Od. INSIDE CITY LIMITS?	
FUNERAL	3017 Iona Terrace											ZEN OF WH	AT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Years No.)					14. RACE -	States - American Indian, white, etc. White		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 8 16e. DECEDENT'S USUAL OCC (Give kind of work done durifie. Do NOT use retired.) HOMEMARY					CCUPATIO during mos	ON st of working		18b. Ki	ND OF BUSI	INESS/IND	USTRY	WIII CE
COMPL	17. FATHER'S NAME (First, Middle, Last)		1110	711101110			18. MOTH	ER'S NAM	E (First Mid	dle, Maiden S	Sumamal		
BE C	Illamore T Cmith								beth		٧.	Ba	rner
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route N							ute Number,		State, Zip	Code)		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cramation 3 Rei 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE A	AND DATE	OF DISPOS	ITION /Na			DATE	20c. LOC	ATION —	City or Town	aryland
	21. SIGNATURE OF FUNERAL SERVICE L	Miltor	n J Knigh		22.	NAME AN	D ADDRESS	S OF FACI	LITY	Balt:	imore	, Md	. 21214 rd Rd.
	23. PART I. Enter the diseases, or shock, or heart failure	complications that	caused the de	ath, Do r									Approximata interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in daath)	· ar	ulun 10	une	~ -	- ch	ionic	ai	trial	film	ella	tin	Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CER	resulting in death) LAST	d											
PHYSICIAN: MEDICAL (PART II. Other algnificant condition	ns contributing to	death but not re	asulting	in the un	darlying	cause gl	van in Pa		e. WAS AN A PERFORM YES 2	ED?	CI	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	EP/Outcotlons 2		OTHER	t:	ACE OF DEA						
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, Da	NJURY	26b. TIM		26c. INJU WOF		2		BE HOW IN.	JURY OCC	URED	
TED	3 Suicide 6 Could not be determined	28a. PLACE OF building, 4	INJURY — Al horate. (Specify)	me, ferm, a	treal, facto	ory, offica		2	City or To	ON (Street and own, State)	d Number (or Rural Rou	e Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of r	ny knowledge, des emination and/or in	nth occurre	nd at the ti	me, data a	and place, a	at the tin	the cause(end mann	er as state	d. cause(e) e	nd menner as steted.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R	mo				29c. LICEN						onth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	E OF DEATH (ITEM	27) (Type,	Print)								

MD 220 W. Cold Spring Lane Baltimore, Md.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE PECISTRAD	STATE OF M	ARYLAND	/ DEPAI	RTMENT	OF HE	ALTH AND	MENTA	AL HYGIEN		200	20		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) J() ANN F	(JOANNE E OPPENH	SUE CO		PPENHE			2. DATE MONT		AY	YEAR O.1	3. TIME OF D		
	4. SOCIAL SECURITY NUMBER 213-50-5786	5. SEX 1 M 2 F	6. AGE (In yrs. la	ast birthday) YRS.	MONTHS	DAYS H	IF UNDER 24 HRS.	(Mon	24 E OF BIRTH hth, Day, Year) /4/1956		Country	8:14 PLACE (State o	r Foreign	
DIRECTOR	RESIDENCE OF DECEDENT	REATER BALTIMORE MEDICAL CENTER					WSON	EATH		9c. COU	NTY OF DE	MORE	N.	
9	MARYLAND 10b, COUNTY 10c, STREET AND NUMBER	BALTIM	ORE	10e. CIT	Y, TOWN OR	R TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1846 AUTUMN FRO					10f. ZIF	21209)		10g. CITI		HAT COUNTRY SA	17	
8≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2X	RMED NO	If y	AS DECEND yea, specify YES 2	DENT OF HISPAI by Cuben, Mexics NO Specif	an, Puarlo	N? (Specify Yea Rican, etc.)	or No-	14. RACE Black, Specify	American Indian, White, stc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary [0-12) College (1-4 or 5 +) 4 HOUS				work done dun	iring most of	f working	188	b. KIND OF BUS	SINESS/IND	USTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) IRVING COHN		16	6. MOTHER'S NA	AME (First,	Middle, Maiden								
TO B	19a. INFORMANT'S NAME (Type/Print) MYRON OPPENHEIM						IESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) TUMN FORST LA. BALTIMORE, MD 21209							
	20s, METHOD OF DISPOSITION 1 X Furtist 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE						of 11/26 ADDRESS OF FA	DAT	TE 20c. LOC	NGS I	City or Tow			
N	23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	A . R . I	causad tha de	eouence of	not entar th	010 E	OL LEVI RETSTER of dying, suc	CHOM	M DD	DATE	BTMOT	Approxi Interval Onset a	21215 Imata Batwaan and Death Wks.	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	c	OR AS A CONSEC											
MEDICAL	PART II. Other significant conditions	s contributing to d	aath but not r	resulting i	in tha unde	riying ca	iusa given in	Part I.	24s. WAS AN / PERFORI	MED?		WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	OR TO F CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7200	OTHER:		E OF DEATH (Che							
ву РНҮ	27. MANNER OF DEATH 1 Nstural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	YJURY	28b. TIME	IE OF 28	8c. INJURY WORK?			or (Specify) SCRIBE HOW IN	JURY OCC	URED			
	3 Suicids a Could not be determined	28s. PLACE OF I building, ef	INJURY — At holic. (Specify)	me, term, s	itrast, factory,	, offics		2af. LOC.	ATION (Street ar or Town, State)	nd Number	or Rural Ro	ute Number,		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE TO MEDICAL EXAMINES	CIAN: To the best of m	y knowledge, ds	ath occurre	od at the time	, date and	placs, and dus	to the cau	seja) and mans	ner an state	d, cause(a)	and manner sa	atated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	2					c. LICENSE NUM	BER /				Month, Day, Yea		
F	30. NAME AND ADDRESS OF PERSON WHO	Alla Ca	OF DEATH (ITEM	М 27) (Туре,	Print)									

Alvaro Jerez.

Pages 1, 2, 3 should

or use as the

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THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in		MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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MPORTANT:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

palman

Rimald

31. DATE FILEO (Month, Day, Year)

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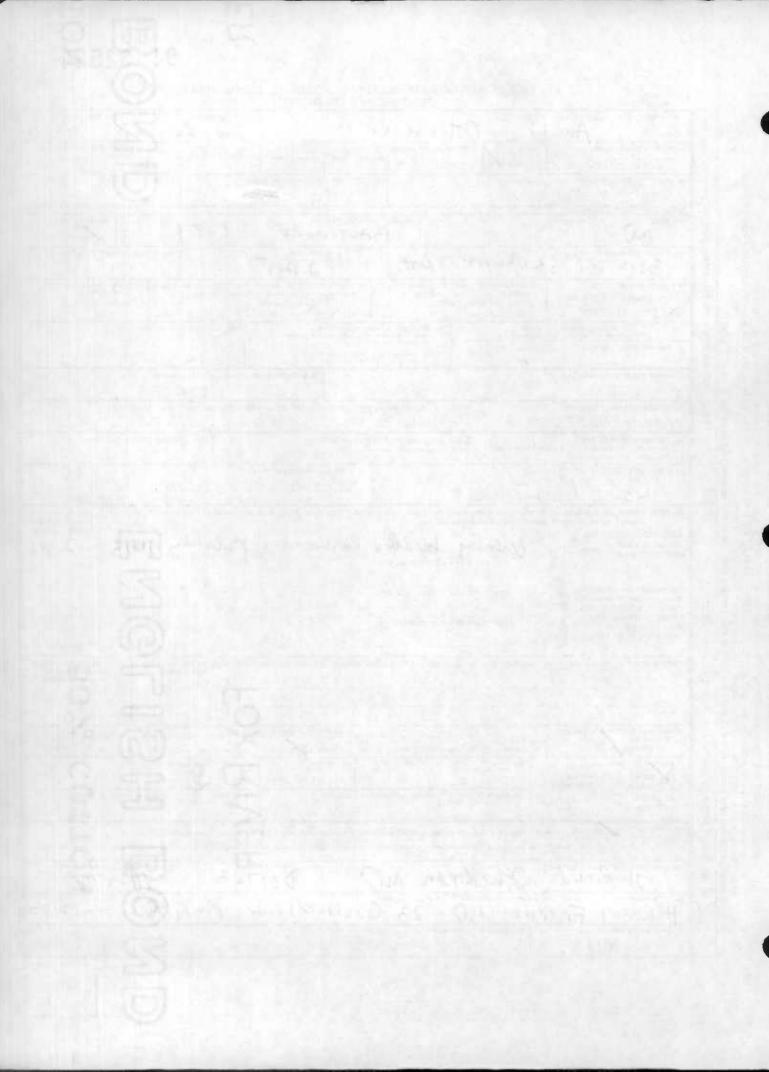
THE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Hensoser (AMALIE) Ama (OTTENSOSER 2-4 NON 99 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (MONT) 1910 5 SEY IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS GERMANY 077-24-9393 1 M 2 VF 81 9a. FACILITY, NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3812 STRATHMORE AVE. DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION BALTIMURO CIT MI FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 3812 11241 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 2 Married 1 Never Married BY WHITE 3 Wildowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elamentary/Secondary (0-12) College (1-4 or 5+) INSURANCE BOOKKEEPER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WEIL BONNA ISIDORE (UNKNOWN) BE 19a, INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JCNAH OTTENSOSER 3900 W. STRATHMORE AVE. BALTO., MD 21215 20a. METHOD OF DISPOSITION

1X Burtal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE SHOMRET MISHMERES SCHARES HAPLATA ROSEDALE, MD 11/25/\$1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 23. FART L Enter the diseases, or semplications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, 21215 Approximata shock, or heart failure. List only one cause on each line Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Wilm many reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO DE DEATH? 1 YES 2 NO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 284 DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and menner ee stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE medmen Kindli 2

russmadi



FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	(DR. MOSES) PAI	ULSON)	M.D.	2. DATE OF DE	ATH DAY Y	EAR 3. TIME OF DEATH A				
JR.	4. SOCIAL SECURITY NUMBER 220-44-4390 96. FACILITY NAME (If not institution, give start and star	10 mm = 95	YRS. MON	UNDER LYEAR OF UNDER 24 HRS. THIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	7. DATE OF BIR (Month, Day, 5 - 2)		BIRTHPLACE (State or Foreign Country) ARYLAND OF DEATH				
IRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TO	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?					
AL DI	10e. STREET AND NUMBER			Tior, ZIP CODE		10g. CITIZEN OF WHAT					
FUNERAL	830 W. H	Oth Sheet	APT. 7	04 212			150				
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	cen, Puerto Ricen, e		RACE — American Indian, Black, White, etc. Specify:					
ED	15. DECEDENT'S EDUC (Specify only highest grade Elamentery/Secondary (0-12)	CATION 186 completed) College (1-4 or 5-7)	Give kind of work	done during most of working	18b, KIND	OF BUSINESS/INDUS	TRY				
COMPLET		5+	Phi	SICIA		MEDICIN	IE				
ш	17. FATHER'S NAME (First, Middle, Lest) DAVID	PAULSON			NAME (First, Middle, 1 BORAH	Maiden Surname)	BOGATSKY				
TO B	190. INFORMANT'S NAME (Type/Print) MRS. HELEN G. I	PAULSON		ORESS (Street and Number or Run 40th STREET,			ode)				
	20e. METHOD OF DISPOSITION 1	oval from State oth	ACE OF DISPOSITION PROPERTY PR	M CONG 11	-25-91	BALTIMOR					
	25. SHEHATUHEY OF PUMERAL SERVICE LIC			22. NAME AND ADDRESS OF 6010 REISTE	FACILITY SOL	LEVINSON	& BROS., INC.				
	28. PART 1. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. CUSK	o ladus	enter the mode of dying, so		r reepiratory arres	Approximete Intervel Between Onset and Death				
ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	PUS (M)	whe CARAL	wastu	m deson	y loyage				
2	PART II. Other significant condition	s contributing to deeth but r	not resulting in ti	ne underlying cause given	in Part I. 24e. 1	MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
MEDICA						YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Check only one)						
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie		THER: ☐ Nursing Home 5 ☐ Realdend	e 6 Other (Spec	ify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Oay, Year)	28b. TIME OF		28d. DESCRIBE	HOW INJURY OCCU	RED				
0	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, office	28f. LOCATION City or Town		et end Number or Rural Route Number, te)				
COMPLET	opol	CIAN: To the bast of my knowledg									
BE	29b. SIGNATURE AND TITLE OF COMPANY	Acillam	an	29c. LICENSE N	7 9 59	29d. DATE 5	SIGNED (Month, Ony, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	it)	W-1						

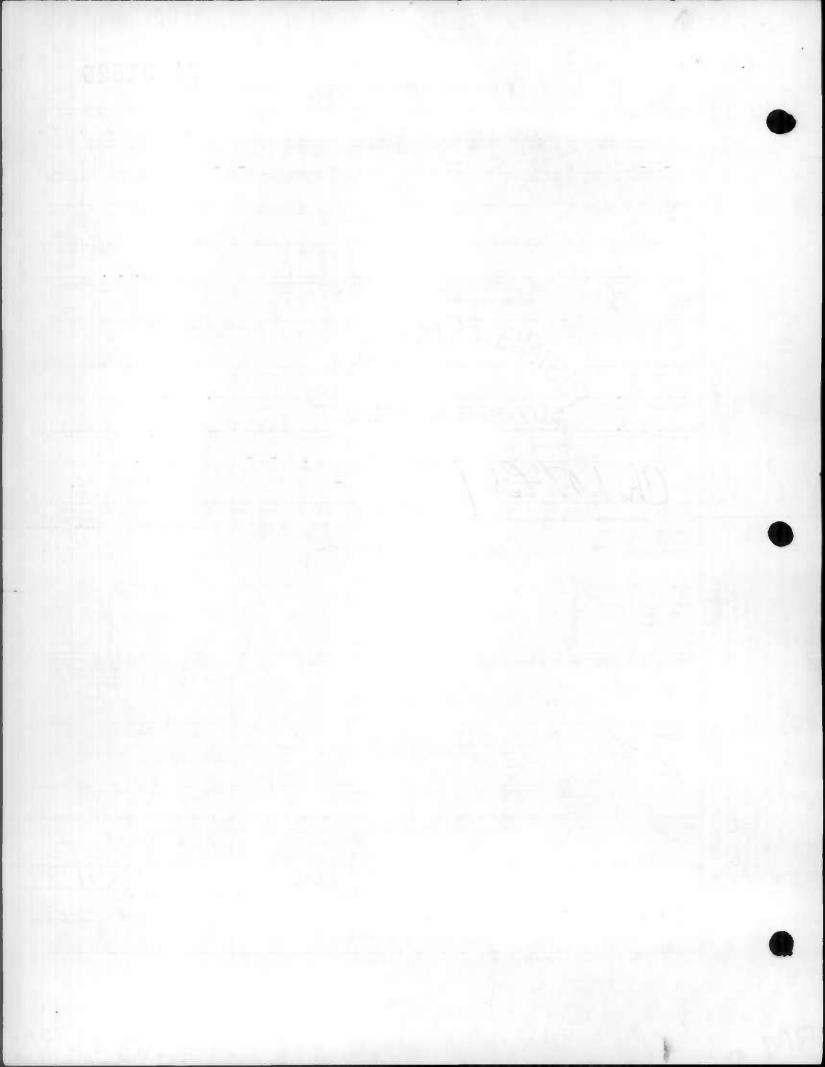
Brokett

BALTIMORE, MARYLAND 21203-3146

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at the death of	by the attend	and Mental Hy	ny injury, or
s that the death of	ned by the attend	aith and Mental Hy	any injury, or
juires that the death of	signed by the attend	Health and Mental Hy	ows any injury, or
requires that the death of	seen signed by the attend	. of Health and Mental Hy	shows any injury, or
law requires that the death of	as been signed by the attend	Dept. of Health and Mental Hy	23 shows any injury, or
The law requires that the death of	te has been signed by the attend	ate Dept. of Health and Mental Hy	em 23 shows any injury, or
AN: The law requires that the death of	ificate has been signed by the attend	State Dept. of Health and Mental Hy	r Item 23 shows any injury, or
SICIAN: The law requires that the death of	certificate has been signed by the attend	the State Dept. of Health and Mental Hy	I, or Item 23 shows any injury, or
PHYSICIAN: The law requires that the death of	his certificate has been signed by the attend	with the State Dept. of Health and Mental Hy	ked, or Item 23 shows any injury, or
G PHYSICIAN: The law requires that the death of	er this certificate has been signed by the attend	ath with the State Dept. of Health and Mental Hy	narked, or Item 23 shows any injury, or
JUNG PHYSICIAN: The law requires that the death of	. After this certificate has been signed by the attend	death with the State Dept. of Health and Mental Hy	is marked, or Item 23 shows any injury, or
TENDING PHYSICIAN: The law requires that the death of	TOR: After this certificate has been signed by the attend	after death with the State Dept. of Health and Mental Hy	28 is marked, or Item 23 shows any injury, or
ATTENDING PHYSICIAN: The law requires that the death of	RECTOR: After this certificate has been signed by the attend	irs after death with the State Dept. of Health and Mental Hy	m 28 is marked, or Item 23 shows any injury, or
. OR ATTENDING PHYSICIAN: The law requires that the death of	DIRECTOR: After this certificate has been signed by the attend	hours after death with the State Dept. of Health and Mental Hy	item 28 is marked, or item 23 shows any injury, or
ITAL OR ATTENDING PHYSICIAN: The law requires that the death of	RAL DIRECTOR: After this certificate has been signed by the attend	72 hours after death with the State Dept. of Health and Mental Hy	if item 28 is marked, or Item 23 shows any injury, or
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	INERAL DIRECTOR: After this certificate has been signed by the attend	thin 72 hours after death with the State Dept. of Health and Mental Hy	INT: if item 28 is marked, or item 23 shows any injury, or
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	E FUNERAL DIRECTOR: After this certificate has been signed by the attend	d within 72 hours after death with the State Dept. of Health and Mental Hy	RTANT: If item 28 is marked, or Item 23 shows any injury, or
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	THE FUNERAL DIRECTOR: After this certificate has been signed by the attend	filed within 72 hours after death with the State Dept. of Health and Mental Hy	PORTANT: if item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Jury after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	. DECEDENT'S NAME (First, Middle, Le	JAMES GRE	CAPV D	TOUNDO	10		2. DATE OF DEATH MONTH	DAY	YEAR 91	TIME OF DEATH
	S. SOCIAL SECURITY NUMBER		E (In yrs. last bir	thday) IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			CE (State or Foreign
I pro-	220-15-8374	1√√M 2 □ F	17	YRS. MONTH		HOURS MIN.	8-16-19		MAR	YLAND
- 11	1 0 2 / Elita 1 0 A LEAL			9b. CI		OR LOCATION OF D	EATH	9c. COUNT	DALT	
5	1934 EWALD AVENUE DUNDALK PRESIDENCE OF DECEDENT								BALT	
Ę ,	106. STATE 106. COUNTY			0c. CITY, TOW	A OR LOCA					d. INSIGE CITY LIMITS?
	MARYLAND 00. STREET AND NUMBER	BALTIMORE		DUNDA LK			2		1 ☐ YES 2 ☐ YO	
LONEDAL	1934 EWALD AVEN	UE				212	22		U.S.A	١.
	1. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 VWO) 1	If yes, sp	ecify Cuben, Mexic	NIC ORIGIN? (Specify Y en, Puerto Ricen, atc.)	ea or No—	14. RACE — Bleck, W	American Indian, hite, etc.
4	Wildowed 4 Olvorced	DATES'		1 TYES	NO Speci	ly:	Specify:	Specify: WHITE		
	15. DECEOENT'S (Specify only highest g	EDUCATION rade completed)	(Give I	DENT'S USUAL	ne during me	ON ost of working	16b. KIND OF B	USINESS/INDU	ISTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired			7.45	2000	15011	
	9TH GRADE 7. FATHER'S NAME (First, Middle, Last)	N/A		STUDE	NI	18. MOTHER'S NA	ME (First, Middle, Maide	PSCO F	HIGH_	SCHOOL
	HERBERT I. RICH	ARDS				Bi	FUFRIY I.	ITIIV		
	9e. INFORMANT'S NAME (Type/Print)		19b, M	AILING ADDRI	ESS (Street	and Number or Rurel	Route Number, City or To	own, State, Zip	Code)	
	HERRERT 1 RTCH						LITMORE,			21222
	Commercial Commerci	Removal from State	other place)			metery, crematory or		OCATION - C		
- 10-	1. SIGNATURE OF TUNERAL PERVIC		PEN	. 2	2. NAME A	ND ADORESS OF FA			- 1	
	1/h. 1/	V. took					NERAL HOME			
	23. PART I. Enter the diseeces,									21222
	shock, or heart falls IMMEDIATE CAUSE (Final	ire. Liet only one cause on	aach Ilna.							Oneat and Deat
	disease or condition	Rhabo	long	OSAN	com	a				2/245
		DUE TO JOR AL	в А сомвеция	NCE OF):						
	Sequentielly liet conditions, if eny, laeding to immediate	b. DUE TO (OR A	S A CONSEQUE	NCE OF):						
	cause. Enter UNDERLYING CAUSE (Disease or Injury	с								
	that initiated events reculting in death) LAST	DUE TO (OR A	S A CONSEQUE	NCE OF):						
		d								
	PART II. Other eignificant cond	tions contributing to deet	but not resi	ulting in the	underlylr	ig ceusa givan ir		ORMED?	AV	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
							1 🗆 YES	2 NO	O	OMPLETION OF CAUSE DEATH?
							-		1	YES 2 NO
	25. WAS CASE REFERRED TO MEDICA				26. P	LACE OF OEATH (C	heck only one)			
	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatiant 3 🗆	DOA 4 1		ne 5 Rasidenca	6 Other (Specify)			
	7. MANNER OF DEATH 1 Natural 5 Pending	26a. OATE OF INJUR (Month, Day, Yea		86. TIME OF	W	JURY AT ORK?	28d. DEŞCRIBE HOV	V INJURY OCC	URED	
	2 Accident Investigat	28e. PLACE OF INJU	IRY — At home	farm, atreet.		YES 2 NO	28f. LOCATION (Street	et and Number	or Rural Roul	le Number
	4 Homicide 6 Could not determine		(pecify)				City or Town, Sta			
	290. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of my kn	owledge, death	occurred at th	ne time, dat	e end place, end du	e to the cause(e) end n	namner ee state	d.	
	onel	MINER: On the basis of axamina	tion and/or inve	stigation, in π	y opinion,	death occured at th	e time, data end placa,	end due to the	ceuse(e) a	nd manner as stated.
1 2	296. SIGNATURE AND TITLE OF CERT	IFIER () ()				29c. LICENSE NU	JMBER	29d, DATE	SIGNED (M	onth, Day, Year)
	my	Mula V	No			D3656	> 9		11/25	191
	STOWAL T	KUED NOT	DEATH (ITEM 2	7) (Type, Print)	77/2	JOHNS	HOPKINS	HOSP	1512	21205
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	9.00		N. WOL	FE ST. I	MCIM	oret	21203
	NAV 2	7 1991 Sulia	Devidson	- Rande	32					

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mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR	
1	STATE	
•	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIF	ICATE O	F DEA		MENIA	REG. NO) .		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEATH
JOSEPH E.	STANLEY						MONT 11		6.6	1991	5:39 a.mM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	st birthday)	IF UNDER 1 YEA	IF UND	ER 24 HRS.	7. DATE	OF BIRTH			HPLACE (State or Foreign
213-09-7203	1 📉 M 2 🗆 F	85	YRS.	MONTHS DAY	HOURS	MIN.	03-	19-0	5	Mai	yland
9a. FACILITY NAME (If not institution, give				9b. CITY, TOW	N OR LOCAT	TION OF D	EATH		9c. CO	UNTY OF C	DEATH
THE JOHNS HOPK	INS HOSPITA	AL .		BAL'	TIMOR	E CI	TY		BA	LTIMO	ORE City
10s. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR LC	CATION	,					10d. INSIDE CITY
Maryland nor	ne		-			-		Balt:	imor	e	LIMITS?
10e. STREET AND NUMBER					10f. ZIP COI	-					WHAT COUNTRY?
2805 Ashland					21.2					ted	States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2	MED 90	If yea,	ECENDENT specify Cub ES 2 TNC	an, Maxica	nn, Puarto I	i? (Specify Ye Rican, etc.)	s or No—	Spec	E — American Indian, k, Whita, atc. ity:
15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	18s. DE	CEDENT'S	USUAL OCCUPA	TION	daa	16b	KIND OF BU	SINESS/IN		52024
6th grade	College (1-4 or 5+) NONE	life.	Do NOT us	ft Ope			В	ethle	ehem	Ste	eel Co.
17. FATHER'S NAME (First, Middle, Last)								viiddle, Maiden	Surname)		
John Westly	Stanley					vin					
198. INFORMANT'S NAME (Type/Print) Gladys William	ms	191	805	Ashla	nd A	or or Rural Venu	Route Numi	Balt	vn, State, Z	e, Mo	1. 21205
20s. METHOD OF DISPOSITION 1 2 Burlet 2 Cremetion 3 Rem	noval from Stata	20b. PLACE	ANDDATED	OF DISPOSITION	Name of		DAT	200 10	CATION	City of To	was Ptata
4 Donation 5 Other (Specify)		Ceda	r Hi	III Ce	mete	ryl	1/29	/91 /	Anne	Aru	undalCo,Md
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0		22 NAME	VIN	ESS OF FA	Seru	ggs]	Fune	ral	Home
Carrin B.	Scrugg	dr		1412	E.	Pre	ston	St.	Bal	to. I	d. 21213
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if sny, leading to immediate	e. Acult Re	AS A CONSECT	t Re	espira Stuss S		Di		ss S			Intervel Between Oneet end Desth 20 hours
cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST	d	AS A CONSEC									
PART II. Other eignificent condition	A		eaulting in	n the underly	ng ceuse	given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Carding Art	by Diseas	e						1 DOYES	2 □ NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF 0	DEATH (Ch	eck only on	9)			
t VES 2 X NO	HOSPITAL:	/Outpatient 3		OTHER:	ome 5 🗆 R	asidenca	6 🗆 Other	(Specify)			
27. MANNER OF DEATH	28a. DATE OF INJI (Month, Day, Y		28b. TIME	E OF 28c. II	NJURY AT			CRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,		11130			□ NO					
3 Suicida 6 Could not be datarminad	28s. PLACE OF IN- building, atc.	JURY — At hor (Specify)	ms, ferm, st	treet, factory, of	lcs		281. LOCA	TION (Street or Town, State)	and Numbe	er or Rural F	loute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, dea	ath occurred	d at the time, de	ts and place	s, and dus	to the cau	se(s) and man	nner ss str	ited.	
29b. SIGNATURE AND TITLE OF CERTIFIE				.,y opinion,				enu pisca, an			
Man 1	D. 1.	mi				UD/A			29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLSE O	F DEATH ATEN	1 27) / France	Oninet)	PEI	VVIA	0 6			1190	191
JHH-Tower	110 8	Homo		AM							
31. DATE FILED (Month, Qay Year 1991	Fine Dania	SIGNATION	less.								

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		C	ERTIF	CATE C	F DEATH		REG. NO)		
	1. DECEDENT'S NAME (First, Middle, Last) CATHERINE	E. SMITH					1 1404	TE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-42-0214	1 🗆 M 2 🗶 F	78	st birthday) YRS.	IF UNDER 1 YE		RS. 7. DAT	TE OF BIRTH	1913	8. BIRTHP Country) Per	LACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give : Madonna Herita RESIDENCE OF DECEMENT		g Home			on LOCATION C				rford	ATH
DIRECTOR	10a. STATE 10b. COUNT	imore		10c. CITY	, TOWN OR LO	altimore					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2632 Matthews					101. ZIP CODE 21234		11/11			IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2xx	IMED NO	If yes	DECENDENT OF HIS, specify Cuban, Me	SPANIC ORIG exican, Puert pecify:	GIN? (Specify Ye o Rican, etc.)	s or No-	Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G life	CEDENT'S I ive kind of w Do NDT use IOMEMS	e retired.)	ATION most of working	1	66. KIND OF BU	SINESS/IND		
Š.	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S	NAME (First	, Middle, Maider	Sumame)		
BEC	William 190. INFORMANT'S NAME (Type/Print)	Weiszer				Cat	herin	е	Wagne		
2	Lewis W. Smith		19	1817	Ridge	et and Number or Ri Croft Dr	ive,	mber, City or Tox Forest	Hill	, Mar	yland 21050
	20g METHOD OF DISPOSITION XXBurial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE of Comptery, cree	AND DATE O	F DISPOSITION	(Name of netery 1	1-26-	91 P16	cation —	City or Town	e, New Jers
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAMI	Towson York Ro	FFACILITY				
CERTIFICATION	IMMEDIATE CAUSE (Finel diaeese or condition resulting in death) Sequentielly liet conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEC	OUENCE OF):						Onset and Death
	PART II. Other eignificent condition	s contributing to de	eath but not re	esulting in	the underly	ing ceuse given	in Part I.	24a, WAS AN	AUTOPSY	24b. V	YERE AUTOPSY FINDINGS
MEDICAL	Ling Cancer							PERFO		0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	PLACE OF DEATH	(Check only	one)			
2	1 YES 2 NO	1 - Inpatient 2 - El		□ DOA	4 Nursing H	ome 5 - Residen	7				
DA P	Natural 5 Pending Investigation	28a. DATE OF IN. (Month, Day,		28b. TIME INJU	RY	INJURY AT WORK? YES 2 ND	28d, DI	ESCRIBE HOW I	NJURY OCC	CURED	
- 11	3 Suicide 8 Could not be determined	28s. PLACE OF II building, etc	NJURY — At hor . (Specify)	me, farm, at	reet, factory, o	fica	28f. LO Cit	CATION (Street by or Town, Stata)	and Number	or Rural Rou	ite Number,
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of my	knowledge, de	eth occurred	at the time, d	ate and pieca, end	due to the c	ause(a) and mai	nner as state	ed. a cause(a) e	nd mannar as stated.
10	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE					fonth, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON WHO										
	Mark Lamos, M.D. 31. DATE FILED (Month, Dey, Year) NOV 2	22 DECICTRADIC					cyland	21131			

- Start Carrier

BALTIMORE, MARYLAND 21215-0	r death. Page 6 may be retained by the hospital or attending	e function develops page 5 should be detached for use as the	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 8 may be estanged by the hospital or announced	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, page 5 should be determed for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical staminer must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIE		
1. DECEDENT'S NAME (First, MIXAS).	est)				2. DATE OF DEATH		3. TIME OF DEATH
Berkeley I.	Torrow Control of the				11	22 91	11:25 A.
4. SOCIAL SECURITY NUMBER	S. SEX B. AC	E (in you hear birthday)	IF LINDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)	Coun	
218-10-9767 Se. FACILITY NAME (If our institution,	The state of the s	73 yes.	Sh. CITY TOWN	OR LOCATION OF DE	11 24	1917 Mar	4
	Road		Balt		ATH .	Baltin	
354 Old Trail HEBIDENCE OF DECEDEN 104. STATE 105. CO	Galto.	10c. CITY	Baltin				10d. INSIDE CITY LIMITS? 1 YES XX NO.
				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
354 Old Trail	The state of the s	100	1 2	1212		U.S.	۸.
3 Widowed 4 Divorced	12. WAS DECEMENT EVEN PORCEST 1 YES	15 2 NONO	If yes, sp	ENDENT OF HISPAN ecify Cutran, Mesica XX NO Sovory	HC ORIGINA (Specify To n. Puerlo Ricen, etc.)	n or No — 14. RAC Blac Son	A CONTRACTOR OF THE PARTY OF TH
15. DECEDENT'S (Specify only highest)	EDUCATION	164. DECEDENT'S	USUAL OCCUPATION	ЭН	18b, KIND OF BU	ISINESS/INDUSTRY	White
(Specify only highest ; filementary/Secondary (0-12)	College (1-4 or 5+)	Ms. Do NOF us	ook done during on e retined.)	of of working	120000	Calling and Control	
17. FATHER'S NAME (First, Micros, Last	4	Electric	al Engir	eer	Westin	ghouse Co	orp.
17. FATHER'S NAME (First, Middle, Last	1			TE. MOTHER'S NA	ME (First, Moths, Mathe	: Surrame)	
Wesley W. Sell	man			Virgin		onavin	
THE INFORMANT'S NAME (ASSAULTED)	1.0	18b. MAILENG	ADDRESS ///mer a	nd Number or Flural I	loure Number, City or Ta	en. Stetts, Zip Godej	
Mrs. A. Lee Sel	The state of the s		ame as :	271-25-32			
1 Durtel 2 & Cremation 3 D	Removes from State	TO PLACE AND DATE O	FDISPOSITION (No her place)			OCATION - City or To	
4 Ocnation T) Other Specify	Location /	Willtop S	G-90474-G-G-	orp. 11		Towson, N	aryland
NF 1/6	11/	1/	22. NAME A	O ADDRESS OF FAC	1050 Yo	rk Rd.	21204
23. PART I. Enter thá diaeaeas	Season &	W	Ruck	Towson F	Tuneral Ho	me Inc	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST	ь	S A CONSEQUENCE OF):	t a	el ox	I of her	Onaat and Death
that initiated avants resulting in death) LAST	DUE TO (OR AS	A CONSEDUENCE OF):				
PART II. Other significant condi	tions contributing to death	but not resulting in	the underlying	causa givan in i	Part I. 24e. WAS AN	ALITOPEY 24h	. WERE AUTOPSY FINDINGS
					PERFO	RMED?	AMAILABLE PRIDR TO CDMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICA			26. PL	ACE OF DEATH (Che	ck only one)		
EXAMINER?	HOSPITAL: 1 Inpstient 2 ER/Ox	Itpetient 3 DDA	OTHER:	5 Reeldence			
27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigati	28e. DATE DF INJURY (Month, Day, Yeer)	Y 28b. TIME	DF 28c. INJ		28d. DESCRIBE HDW	NJURY DCCURED	
3 Suicide 8 Could not 4 Homicide determine	building, etc. (Sc	RY — At home, ferm, st pecify)	reet, fectory, office		281. LOCATION (Street City or Town, State)	and Number or Rural F	Route Number,
29e. CERTIFIER CERTIFYING PI	HYSICIAN: To the beet of my known MINER: On the beste of exeminat	owledge, death occurred	st the time, date	end piece, end due	to the ceuse(e) end me	nner ee steted.	end menner ee steted.
29b. SIGNATURE AND TITLE DF CERTI	FIER A			29c. LICENSE NUM		29d. DATE SIGNED	
30. NAME AND ADDRESS OF PERSON							171
	M.D. Good Sam	The second secon	offessi	onal Buli	ding - Ba	lto. Md/	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE					
1907 1907 1907	THE THE PARTY AND ADDRESS OF THE PARTY AND ADD		Samuel St. Barrier				

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	1. DECEDENT'S NAME (Firs	t, Middle, Last)								DATE OF OEATH	AY.	YEAR	3. TIME OF DEATH	
	A	LFR	EDO	703	571					71 2		91	1450 €	
	4. SOCIAL SECURITY NUM	11	5. SEX	8. AGE (In yrs	s. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 2		Month, Day, Year)		6. BIRTH Country	PLACE (State or Foreign	
	216-28-4		1 M 2 F	9	3 YRS.				1	1/14/189	8		TALY	
~	9e. FACILITY NAME (If not							OR LOCATION			-	ITY OF DI		
DIRECTOR	SI JOSE		HOSPITAL			1 Ou	150	N, M	AR4L	AND	18	ALT	IMORE	
E	10a. STATE	10b. COUNT			10c. CI	TY, TOWN OF	LOCA	ATION		- 1			10d, INSIDE CITY	
H	Md.	Bal	timore		Ba	ltim	ore	е					LIMITS?	
ERAL	10e. STREET AND NUMBER	3					10	01, ZIP CODE	To H		10g. CITI	ZEN OF W	OF WHAT COUNTRY?	
E	8554 Oal	kleig	h Road					21234			Ita	Italy		
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dh			NT EVER IN U.S 1 YES 2 WAR OR DATES	NO	16	yes, s	pecify Cuban,	HISPANIC C Mexican, Pu Specify:	ANIC ORIGIN? (Specify Yea or No— cen, Puerto Ricen, etc.) //ly:			- American Indian, , Whita, atc. White	
ED	15. DE (Specify or	CEDENT'S EO	UCATION le completed)	16a	Give kind of			ION lost of working		16b. KIND OF BU	ISINESS/IND	USTRY		
E	Elementary/Secondary		College (1-4 or 5		life. Do NOT a	ise retired.)								
COMP	6th				cabin	et m	ake	er		furnit	ture			
8	17. FATHER'S NAME (First,		2					18. MOTHE		First, Middle, Maider				
BE	Francesco		CI		401 11	0.4888	(0)			ginia A				
2	Chiara Tos									Number, City or You , 21234		Code)		
	209. METHOD OF DISPOSI			20h BI	ACE AND DAT				Road	-	CATION —	City or To	wa State	
	1- Buriel 2 Cremet	lon 3 🗌 Her	moval from State	Gard	dens	or other pla	ce)	th Ce	m . 1 1	/29/91-	-Ralt	-0	EM.	
	21. SIGNATURE OF FUNER		ICENSEE .	1/50	ZENNE	22_N	AME /	AND ADDRESS	S OF FACILIT	Y .	Dar		rid.	
	·M.	9	7700	yell!) and	J	ose	eph N	. Za	nnino,	Jr.	Fun	eral Ho	
	23. PART I. Exter the	ON	100	uco!						ing Sti			224 Approximete	
NOIT	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Sequentielly list conditions, if any, laading to immediate b. Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	ceuse. Enter UNDERL CAUSE (Disease or in that initiated evente	lury	CDUE TO (OR AS A CONSEQUENCE OF):											
ERI	resulting in death) LAST													
	PART II. Other eignific	ent condition	ona contributing t	to death but r	not reaulting	In the un	larivi	ng ceusa gi	Ivan in Par	t I. 24a, WAS AI	N AUTOPSY 24b. WERE		. WERE AUTOPSY FINDI	
CAL	Dr	reus	non	in						PERFORMED?		AVAILABLE PRIDR COMPLETION DF C		
	Ch	-000	1 /	ena	14	2-1	1			1 TYES		DF DEATH?		
2		0,0			7.0								1 YES 2 NO	
AN	25. WAS CASE REFERRED	TO MEDICAL			_		28. 1	PLACE OF DE	ATH (Check	only one)				
SICIAN	EXAMINER?		HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DOA	OTHER 4 Nurs		rme 5 Res	sidence 8	Other (Specify)				
Ŧ	27. MANNER OF DEATH		28e. DATE (OF INJURY	28b. TI	ME OF	28c. IN	NJURY AT		d. DESCRIBE HOW	INJURY OC	CURED	1000	
YP		Pending Investigation		Day, Year)	"	IJURY M		VORK? YES 2 🗌	NO					
ED B	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — g, etc. (Specify)	At home, farm	street, facto	ry, off	lica	28	t. LOCATION (Street City or Town, State		or Rural I	Route Number,	
COMPLET	anni -	- 11	SICIAN: To the beat										i) and menner as stat	
ш	296. SIGNATURE AND TITE	E OF CERTIFI	ER				_	29c. LICE	NSE NUMBE	R	29d. DAT	E SHOWED	Month, Day 1840)	
TO B	1seal	usy	1.1	ups	~ 1	14.1		10	16	472	-	11/2	25/9/	
F	30. NAME AND ADDRESS	OF PERSON W	THO COMPLETED CA	120	(ITEM 27) (Ty)	e, Print)	9	Esp.	171	agrita	Ro	a.	on Is	
	31 PATE FILED (Menth, 108	Y (Sept)		RAR'S SIGNATU		(/	V		2	1	1414-	1	
	1101 101 10	0	,	ion-liand	USCo									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2 236 TE 51 30 70 50 Espain non-bustin SEXTING STATE TO V 5 5 5 Edworkeige cord, 2121 Gerne D eis Contes. 1/2/ Leaven. Devenue . To contain the transfer or . Coneral 2 2 8. 00 11 12 222

BALTIMORE, MARYLAND 21203-3146	ers after death. Page 6 may be retained by the hospital or attending physician.	2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMDODITENT: 18 fem 28 is marked or fem 22 shows any injury or other traumatic event the medical avainar must be notified at once

	1 - STATE REGISTRAR	STATE OF				HEALTH AND	MENTAL HYGIE	_		
	1. DECEDENT'S NAME (First, Middle, Last)	toror	07.0V D	TUDUS	DOALL	Ser I	2. DATE OF DEATH	DAY	ZEAR 3. TIME OF DEAT	-0
	4. SOCIAL SECURITY NUMBER	FREVE	RICK P. B. AGE (In yrs. las	-	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	207	BIRTHPLACE (State or R	
	072-24-5681	W M 2 D F	65	YRS.	MONTHS DAYS		(Month, Day, Year)		NEW YORK	reign
	9a. FACILITY NAME (If not institution, give		00		9b. CITY, TOW	N OR LOCATION OF DE	1	- L	Y OF DEATH	
OR	202 OAKWOOD ROAD				D	UNDALK		BA	LTIMORE	
ЕСТО	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY	1
DIRI	MARYLAND	BALTIMOR	F			DUNDALK			LIMITS?	
AL	10e. STREET AND NUMBER	DIVET THORY			T	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
E	202 OAKWOOD ROAD					212	22		U.S.A.	
FUN	11. MARITAL STATUS 1 Naver Married 2 Married	12. WAS DECEDED	NT EVER IN U.S. AF 1 VES 2 1 WAR OR DATES	RMED NO		ECENDENT OF HISPA specify Cuben, Maxica	NIC ORIGIN? (Specify) an, Puerto Rican, atc.)	aa or No— 14	I. RACE — American Indi Black, White, atc.	en,
BY	3 Widowed 4 Divorced	WW II A	WAY OR DATES ND KOREA		1 D Y	ES 2XXNO Specifi	ý:		Specify: WHITE	
TED	15. DECEDENT'S EDU (Specify only highest grade		(G	live kind of	USUAL OCCUPA work done during	ITION most of working	16b. KIND OF B	USINESS/INDUS	STRY	
PLET	Elementery/Secondary (0-12)	College (1-4 or 5	+)	DO NOT U		n	DETU	EUEU OT		
COMPL	7TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A		PA	LOADE		ME (First, Middle, Maide		FFI CORP	
E	NOT KNOWN THO	MPSON					NOT KI			
0	19a. INFORMANT'S NAME (Type/Print)	NI SIVIY	19	b, MAILING	ADDRESS (Street	et and Number or Rural	Route Number, City or R		ode)	
5	LORI J. HORSEY			224 (DAKLEE	VILLAGE	BALTIMO	RE MD	21229	
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	20b. PLACE other p	OF DISPO	SITION (Name of	cemetery, crematory or	20c. 1	OCATION - CH	ty or Town, State	
	21. SIGNATURE OF PUMERIAL SERVICE L	Vite	h		DUD 79	22 WISE A	NERAL HOMI VENUE DI	E OF DU		22
	23. PART i. Enter the disasses, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. A cut	o (OR AS A CONSE	eard	ial in	farctor	ch sa cardisc or ree	piratory arrae	Approximinterval E	Betweer
ERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	O (OR AS A CONSE							
MEDICAL CE	PART ii. Other algnificent condition	ns contributing to	o death but not	resulting	in the underly	ring ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY I AMAILABLE PRIDE COMPLETION OF DF DEATH? 1 YES 2	CAUSE
ICIAN:	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH (C	hack only one)			
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	lome 5 Realdence				
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O	-	28b. TIA	AE OF 28c.	INJURY AT WORK?	28d. DESCRIBE HON	V INJURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE building	OF INJURY — At h	ome, farm,			28f. LOCATION (Stre- City or Town, Sta	et and Number of te)	r Rural Route Number,	
MPLET	Accel only				red at the time, o	late and place, and du	a to the ceuse(a) and n	namer aa atatec	ı.	
COM	2 MEDICAL EXAMIN	IER: On the basis of	examination and/or	Investigati	on, in my opinio	n, death occured at the	e time, data and placa,	and due to the	cause(a) and manner as	stated.

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

DHMH-16 Rav 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	DEAT	AND	MENT	AL HYGIEN	E				
1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH			3. TIME	OF DEAT	Н
CURTIS	LUTHER		VEF	RDIE	R			1 MON	24	AY 19	9EAR		35	
4. SOCIAL SECURITY NUMBER 183-10-0537	5. SEX	6. AGE (in yrs. les	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Fo	relan
9e. FACILITY NAME (If not institution, give	street end number)			9h. CITY	(TOWN (OR LOCATI	ON OF D		1707	T 00 COUR	NTY OF D	_	LVAN	IA
SHOCK TRA RESIDENCE OF DECEDENT 100. STATE MARYLAND BA		T				TIMO		CII	Ϋ́	90.000	VIT OF D	EAIN		
10e. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. IN:	SIDE CITY	
	LTIMORE					DUNT	ALK						IITS?	NO
TOO. STREET AND NUMBER 3 VISTA MOBILE 11. MARITAL STATUS					101	ZIP CODI	E			10g. CITI	ZEN OF V	VHAT CO	UNTRY?	
3 VISTA MOBILE	DRIVE						212	22			u.	S.A.		
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO	13.	WAS DEC	ENOENT C	F HISPA	NIC ORIG	IN? (Specify Yar Rican, etc.)	or No-	14. RACE	- Ame	rican Indie	m,
3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			1 YES	XXNO	Speci	ty:	riidani, etc.)		Speci	ty		
	HCATION	40. 00	-05.0511210									ι	VHITE	-
(Specity only highest grad	le completed)	(G	ECEOENT'S live kind of DO NOT u	work done se retired.)	during mo	st of working	ng	18	b. KIND OF BU	SINESS/IND	USTRY			
Elementery/Secondary (0-12) 5TH GRADE	College (1-4 or 5 -	+)		WELD					SPARRO	TWC D	DILLT	. cii.	TOUAT	240
Elementery/Secondary (0-12) 5TH GRADE 17. FATHER'S NAME (First, Middle, Last)				WLLD	LIC	10. MOTI	HER'S NA	AME (First	Middle, Malden		UINI	SH.	LPYAR	(V
EDWARD VERDIER									NOT KNO	-,				
II 198 INFORMANT'S NAME (Tros/Print)		19	b. MAILING	ADORES	S (Street a				mber, City or Tow		Code)			
CATHERINE M. VE	RDIER	3				E DR			LTIMORI			ND 2	11222	,
20a METHOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Rec		20b. PLACE	AND DATE	OFDISPOS	SITION /Na			OA		CATION —		-		-
4 🖂 Donatius B 🖂 Other (Specify)		BEL	TROM	EMOR	TAL	11-	27-	91	Bi	EL AT	R. M	ARVI	AND	
21. SIGNATURE OF PUNERAL SERVICE L	IGENSEE/ /	2//		22.	NAME AL	D AODRES	SS OF FA	CILITY						
I (had)	V-to	el 1		7	000	WISE	LIM	VEKA	L HOME	DALK			-	
23. PART I. Enter the diseasee, or	complications the	t caused the de	eath. Do i	not enter	the mo	de of dyl	ng. euc	h as ce	rdiec or respi	retory serv	MU		222 oproxima	· to
ehock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition reculting in death)	8.	OR AS A CONSE	le	I	2/2	URIC	S					In	tervel Be	twee
Sequentielly liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in deeth) LAST	G	(OR AS A CONSEC												
PART II. Other significant conditions to the significant conditions of the significant condition	ne contributing to	death but not r	resuiting	in the ur	deriying	j cause g	jiven in	Part I.	24a. WAS AN PERFOR	MEO?	24b.	COMPLE DF DEAT	TOPSY FIN LE PRIOR 1 TION DF CO H?	TO AUSE
<u> </u>														
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATH (Ch	eck only o	one)					-
XX YES 2 NO	1 inpatient 2X	XER/Outpatient 3	□ DOA			s 5 🗆 Re	eldence	6 🗆 Oth	ar (Specify)					
27. MANNER OF CEATH 1 Natural 5 Pending	28e. OATE OF (Month, D)	INJURY ay, Year)	28b. TIM	E OF JURY 5 PM	28c. INJ WO	RK?		28d. DE	SCRIBE HOW I	NJURY OCC	UREO			
Accident Investigation						ES Xe X	NO NO	PED	ESTRI	AN S'	TRU	CK	BY A	UT
	28e. PLACE O building,	FINJURY — At ho atc. (Specify)			ory, offici			28t. LO City	CATION (Street & or Town, State)					
290. CERTIFIER		CHURC							DUND			Y L.A.	, (IV	
4 Suicide 8 Could not be datermined 299. CERTIFIER (Check only one) CERTIFYING PHYS												end mai	ner es st	sted.
299/SIGNATORE AND TITLE OF CERTIFIED	Rlen	10				29c. LICE	NSE NUI			29d. OATE		(Month, E		91
AME AND AGORESS OF PERSON W	HO COMPLETED CALE	DEATH (ITE	M 27) /Time	Print)			JOH	.L		711		-)	19	71
JARON LOX	Ke, A	11)	11 P		STE	REET	В	ALT	IMORE	, MAR	YLAI	ND :	2120	1

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BALLIMORI	de	- F	ex2
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DIVISION OF VITAL RECORDS, P.O. BOX 80780,	00	五五	10
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p. 18 Montal Hygiene prior to burial, cremation, or removal,	IM-PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

1 - STATE REGISTRAR			ERTIF					MENTA	REG. NO				
1. DECEDENT'S NAME (First, Middle, Li	ast)								OF DEATH			3. TIMI	OF DEATH
JUANITA		R.		WI	LLI	S		MONT	10	19	91	6:	38 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	(Mon	OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, g	ive street and number)					OR LOCATION	ON OF DI	1	/ 41/ /1		NTY OF D	-	
ER-UNIVERSIT RESIDENCE OF DECEDENT 10a. STATE 10b. COL Md.		CAL			BAL	TIMI	MOR	RE C	ITY				
10a. STATE 10b. COL			10c. CIT	Y, TOWN	OR LOCAT	TION	_					10d, IN	SIDE CITY
				Balt:	imor	e						41	WITS?
10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITI	ZEN OF V		
1036 W. F	ranklin S	t.				2	1223				USA		
109. STREET AND NUMBER 1036 W. F 11. MARITAL STATUS 1 Dever Married 2 Married 3 Wildowed 4 Divorced		NT EVER IN U.S. A WES 2 THE WAR OR DATES	PMED NO		If yes, sp	ENDENT O	in, Mexica	in, Puerto	N? (Specify Yar Rican, atc.)	n or No-	Speci	ity:	rican Indian, atc.
15, DECEDENT'S (Specify only highest gi	EDUCATION rade completed) College (1-4 or 5		Give kind of the Do NOT us	work done	during mo	ON st of workin	ng	168	. KIND OF BU	SINESS/IND	Afr	. 811	erica
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First,	Middle, Maiden	Surname)			
Stanford	Willis							1ey	Davi				
19a. INFORMANT'S NAME (Type/Print)		1				nd Number	or Rural I	Route Num	ber, City or Tow	n, State, Zip			
Shirley Dav	vis								1to. M				
20s. METHOD OF DISPOSITION 1 # Burlai 2 Cremation 3 R 4 Donation 5 Other (Specify)	lamoval from Stata	20b. PLACE cemetery, c	rematery or o	OF DISPOS (her plece)		me of 1/14	/91	DAT		cation -		,	
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE				NAME AN	D ADDRES	SS DF FA	CILITY					
1 (well	dela	V			Es				Funer Pl. Ba				
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initieted evente resulting in death) LAST	bDUE TO	(OR AS A CONSI	EOUENCE O	F):	1	Dec	:47	-5	yod.	ron R			terval Betwinset and De
PART II. Other significent condit		death but not	resulting	In the un	derlying	j ceuse g	liven in	Part i.	24s. WAS AN PERFOR	MED?	24b.	AVAILAB COMPLE DF DEAT	UTOPSY FINDIN LE PRIOR TO TION OF CAUS H? S 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OTHER		ACE DF DE	EATH (Che	eck only on	(e)				
X X YES 2 NO	HOSPITAL:		1	4 🗆 Nun	sing Home	5 🗆 Ras	sidenca						
1 Natural 5 Pending	28a. DATE OF (Month, D	ay, Yeer)	28b. TIM	E OF URY M	28c. INJU WOI 1 Y	JRY AT RK? ES 2	NO NO	28d. DES	CRIBE HOW II	NJURY OCC	URED		
3 Suicide 8 Could not it	28a. PLACE O	28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural R City or Town, State)							oute Nurr	ber,			
	YSICIAN: To the best of INER: On the bests of a:											and ma	nnar as ataled
		-				29c. LICE	NCE NUM	BER		204 DATE	CICNED		
296. SIGNATURE AND TITLE OF CERTIF	FIER	. ()				TOO. LIOL	MOE NOW		1	230. DATE	SIGNED	(Month, L	Day, Year)
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	1. DECEDENT'S NAME (First, Middle, Last,	1	02.11111107	ATE OF C	JEAIN		REG. NO.			
	TOAN	EJOAN ELLE	ABETH WILLI	AMS		2. DATE MONT	OF DEATH DAY	à	/EAR	1:02 C
~	9a. FACILITY NAME (If not institution, give	1 - M 2 KF	+3 YRS, MON		HOURS MIN.	Apr	OF BIRTH h, Day, Year)		BALT:	IMORE, M
ECTOR	RESIDENCE OF DECEDENT	Cancer (enter 1	SALTU	MOYE	, M	D			
DIRE	MARYLAND 10b. COUNT	TY		WN OR LOCATIO TIMORE	N					d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER		DAL		IP CODE			10g. CITIZE		YES 2 NO
JNER	838 W. FAYETTE	STREET 12. WAS DECEDENT EVER	IN II C ADMED		1201			USA		
D BY FU	1 Never Merried 2 Married 3 Wildowed 4 N Divorced	FORCES? 1 YES	DATES ATMED	If yes, speci	IDENT OF HISPA Ity Cuban, Mexic X NO Speci	en, Puerto	V? (Specify Yaa o Rican, etc.)		Specify: BLACE	
ETE	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	le completed)	16e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	lone during most (of working	166	. KIND OF BUSI	NESS/INDUS	TRY	
MPL	12	College (1-4 or 5 +)	DEPT OF S	OCIAL S	SERVICE		STATE	OF M	ARYLA	AND
E COM	17. FATHER'S NAME (First, Middle, Last) JAMES ARCHIE	WITTITAMS		1	HATTI			-		
O BE	19e. INFORMANT'S NAME (Type/Print)	WIDDIAMS	19b. MAILING ADDI	RESS (Street and				LIAMS State, Zip Co	ode)	
-		LLIAMS	2200 BO	OTH STR	REET, B					1201
	20a_METHOD OF DISPOSITION 1	noval from State ce	b. PLACE AND DATE OF DIS metery, crematory or other plants of TON CEM	ece)		1 1 / 2 2		ATION — CITY		
	MT. ZION CEMETERY 11/23/91 LANSDOWNE, MARYLAND 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A.									
	Ilonal	My ls	tu	1300 EU	TAW PL	ACE.	BALTIM	OME,P ORE,M	.A. ARYLA	AND 2121
ERTIFICATION	Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	SPC0VE.		can	car			
MEDICAL CI	PART II. Other significent condition	ns contributing to deeth l	but not resulting in the	underlying c	euse given in	Part i.	24e. WAS AN AI PERFORM 1 YES 2	ED?	AVA COR OF	RE AUTOPSY FINDIN NILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL	1		26 81 40	E OF DEATH (Ch					
SICI	EXAMINER?	HOSPITAL:		HER: Nursing Home						
РНҮ	27. MANNER OF SEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK	Y AT	_	CRIBE HOW INJ	URY OCCUR	ED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	28e. PLACE OF INJURY — At home, form, street			28f LOC	281. LOCATION (Street and Number or Rural Route Num		Alimahar	
ETE	4 Homicide determined	building, atc. (Spe	icity)	City or Town, Sta				t lind Number of Hurel Houte Number, 9)		
7	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	SICIAN: To the best of my know ER: On the basis of examination	viedga, death occurred at ti on and/or investigation, in a	he time, data and	d plece, and due	to the ceu	se(a) end manne and piece, end (or es steted.	euse(a) end	d manner ea atele
OMPL		B .		26	oc. LICENSE NUI	WBER	1.	Od DATE SI	CNED//Mor	nth) Day, Year)
BE COMF	29b. SIGNATURE AND TITLE OF CERTIFIE	0/1/10			C LICENSE NO		1	A. DAIL SI	L. L.	191.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR		STATE OF MA					ALTH AND	MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (Firs	t, Middle, Last)	MARGARI	ET RUTH	H WIL	LARD			2. DATE MONT	OF DEATH			ME OF DEATH
4. SOCIAL SECURITY NUM 227-24-2873		1 🗆 M 2 😿 F	AGE (In yrs. les	st birthday) YRS.		DAYS I	IF UNDER 24 HRS. HOURS MIN.	9 and 3	OF BIRTH h, Day, Year) 3 0⇔1918	- V	IRGI.	
90. FACILITY NAME (IF not IT FALLSTON GE RESIDENCE OF DE	NERAL		1,		9b. CITY,	-	LSTON	EATH		9c. COUNTY O	ARFO	
FALLSTON GE RESIDENCE OF DE 100. STATE MARYLAND	10b. COUNTY	LTIMORE		10c, CITY	r, TOWN OF		TIMORE			- V		INSIDE CITY LIMITS?
10e. STREET AND NUMBER 19 GREENWOO 11. MARITAL STATUS							212	0.6		10g. CITIZEN	OF WHAT	
3 Widowed 4 Div	Merried	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	RMED	11	yes, spec	NDENT OF HISPA Ify Cuben, Mexic NO Speci	NIC ORIGIN				merican Indian.
15. DE (Specify on Elementary/Secondery (CEDENT'S EDUC hy highest grade (0-12)	CATION completed) College (1-4 or 5+)	(0	ECEDENT'S Sive kind of v b. Do NOT us	vork done di	CUPATION uring most	of working	18b		SINESS/INDUST	ìγ	
15. DE (Specify or Elementary/Secondary STH GRADE 17. FATHER'S NAME (First, I	Middle, Last)	N/A		FACT	ORY U		18. MOTHER'S N			CUP Surname)		
CLEVE TESTE			19	b. MAILING	ADDRESS	(Street and	BE: Number or Rural	SSIE Route Num	ber, City or Tow	n, State, Zip Code	o)	
CHARLOTTE S	TION		20b. PLACE	E AND DATE	OF DISPO	SITION (DAT	E 20c. LO	CATION - City		
4 Donetion 5 Other	1 Burlel 2 Cremetion 3 Removal from State 4 Donetion XXOther (Specify) ENTOMBMENT GARDENS OF FAITH CEM. 11-2 6-91 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
23. PART I. Enter tha	DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222											
iMMEDIATE CAUSE (Fidisasse or condition resulting in death) Sequentially list condition if any, leading to immediate, Enter UNDERLY CAUSE (Disease or in that initiated evants	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
PART II. Other signific	eant condition	da contributing to d	eath but not	reaulting	in tha und	7 0			24e. WAS AN PERFOR	RMED?	CON OF I	E AUTOPSY FINDINGS LABLE PRIOR TO INJECTION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	D MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpettent 2 PER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending investigation	28e. DATE OF IN (Month, Day,		28b. TIM	IE OF JURY M	28c. INJUI WOR 1 YE	RY AT K? S 2 NO	28d. DEŞÇRIBE HOW INJURY OCCURED				
	Suicide 8 Could not be 28e. PLACE OF INJURY — At home building, etc. (Specify)								CATION (Street and Number or Rural Route Number, or Town, State)			
CONSON ONLY		ICIAN: To the best of m									use(e) and	I menner ee stated.
29b. SIGNATURE AND TITLE	dfil	elfor m	3	e Efs		n	29c. LICENSE NO.	IMBER		29d. DATE SIG	2 3/	oth, Day, Year)
30. NAME AND ADDRESS OF A STREET OF A STRE	D V	32. REGISTRAR	FER	EM 27) (Type	, Print)	013	TOO	Lic	long	Rap	H	21034
NOV :	2 7 199	1 Court	Services -	Honda	ماله							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		GIENE B. NO.
1. DECEDERT'S NAME (First, Middle, Last)		2. DATE OF DE	ATH

_	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)		177		2. DATE OF DEATH		3. TIME OF DEATH			
	JEANNETTE	ESTHER	WOODHOUSE		MDNTH 7	DAY YE	1 3030 p u			
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs, lest birthday)	IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH	Isi	BIRTHPLACE (State or Foreign			
	213-12-3841	1 M 2 XF	69 YRS.	MONTHS DAYS HOURE	(Month, Day, Year) 12-13-2		Country)			
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION			ARYLAND			
œ					OF DEATH	9c. COUNTY	OF DEATH			
5	ST. AGNES HOSPI	TAL		BALTIMORE						
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CIT	, TOWN OR LOCATION						
HIC	MARYLAND BA	LTIMORE					10d. INSIDE CITY LIMITS?			
	10e STREET AND NUMBER	LITHORE		ANSDOWNE			1 YES 2X NO			
RA				10f. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?			
FUNERAL	409 CALEDONIA R	-		21227		USA				
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	YES 2 ANO	13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify V. Maxican, Puarlo Ricen, etc.)	ne or No- 14.	RACE — American Indian,			
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAI		1 YES 2 X XNO			Black, White, atc. Specify:			
							WHITE			
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S	USUAL OCCUPATION ork done during most of working	16b, KIND OF B	USINESS/INDUST	RY			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	retired.)						
MP	8 th		MEDICAL	CODING TECHNI	CIAN SOCIA	AL SECUE	RTTY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER	'S NAME (First, Middle, Maide					
BE (VIVIAN BOW	EN		EVA	JANIE WOO	מר				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or			-			
5	EUGENE WOODHOUSE			RIDLER SCHOOL						
	20e. METHOD OF DISPOSITION									
	1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovat from Stata	cemetery, crematory or of	F DISPOSITION (Name of place)	DATE 20c. L	OCATION — City	or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LI	resource / /	BALTIMORE	NATIONAL CEM	11-27 BAI	LTIMORE	, MARYLAND			
		///	411	HIRRARD FILE	ERAL HOME,	INC				
	Men	1	197	4107 WILKEN	IS AVE, BALT	IMORE N	MD 21220			
- 13	23. PART i. Enter the diseases, or	complications that	aused the deeth. Dp n	ot enter the mode of dving	Buch as cerdies or rear	destant arrest	L Approvious			
	STIDON, OF HEAT FEITURE.	List Dnly Dne cause	Dn each fine.	,	and the designed by real	onetory errest,	Approximete intervel Between			
	IMMEDIATE CAUSE (Final disease or condition	500 6		0014-			Onset end Death			
	resulting in deeth)	o. En 2	THUR UT	KDING MA	Uchi					
		DUE TO (O	R AS A CONSEQUENCE OF							
NO I	disease or condition resulting in deeth) • END STRUE CARDIAC FAILURE DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. • END STRUE CARDIAC FAILURE DUE TO (OR AS A CONSEQUENCE OF):									
F	If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury C.									
Ë	thet initieted events	DUE TO (O	R AS A CONSEQUENCE OF	:						
	Tooling in dealing Exist	d								
	PART II. Other significent condition	s contributing to de	eth but not reculting in	the underlyles assessed						
EDICAL			on out not recuting in	the underlying cease give	n in Pert i. 24e. WAS AF		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
0					1 _ YES	2 🗌 NO	COMPLETION DF CAUSE OF DEATH?			
Σ							1 TYES 2 NO			
ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEAT	H (Check only one)					
S	1 YES 2 NO	HOSPITAL:		OTHER: 1 Nursing Home 5 Reside	man & C Other (Oracle)					
Ä	27. MANNER OF DEATH	28e. DATE OF IN	JURY 26b. TIME		28d. DESCRIBE HOW	IN KIDY OCCUPE				
	1 Netural 5 Pending	(Month, Day,	Year) INJU	RY WORK? M 1 YES 2 No		INJUNY OCCURE				
BY	2 Accident Investigation 3 Suicide & Could get be	28e PLACE OF II	NJURY — At home, ferm, at							
LED	4 Homicide 8 Could not be	building, etc	. (Specify)	ret, rectory, offica	261. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,			
<u> </u>										
4	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, death occurred	at the time, date end place, end	I due to the ceuse(e) end me	nner ee ateted.				
COMPLE	one) 2 MEDICAL EXAMINE	R: On the basis of exam	nination and/or investigation	, in my opinion, death occured a	t the time, data end place, at	nd due to the cau	se(e) end menner as atetad.			
П	296. SIGNATURE AND TITLE OF CERTIFIES			29c. L/CENSE						
× 11	As setin . OF Maria	Hor com		29C. LICENSE	NUMBER	29d. DATE SIG	NED (Month, Day, Year)			
a	1/24/5)									
2	30. NAME AND ADDRESS OF DEDSON WAL	COMPLETED CALLS	OF OFITH ATTENDED							
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE			. 0	7				
	OKETUNT, AYOUR.	GOD CAT			MD. 2122	7.				
	30. NAME AND ADDRESS OF PERSON WHO CHETWOTH, AND 14.	GOOD CAT			mp. 2122°	7.				



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	9	(0)	THE
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem
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MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical

31. DATE FILED (Month, Day, Year)

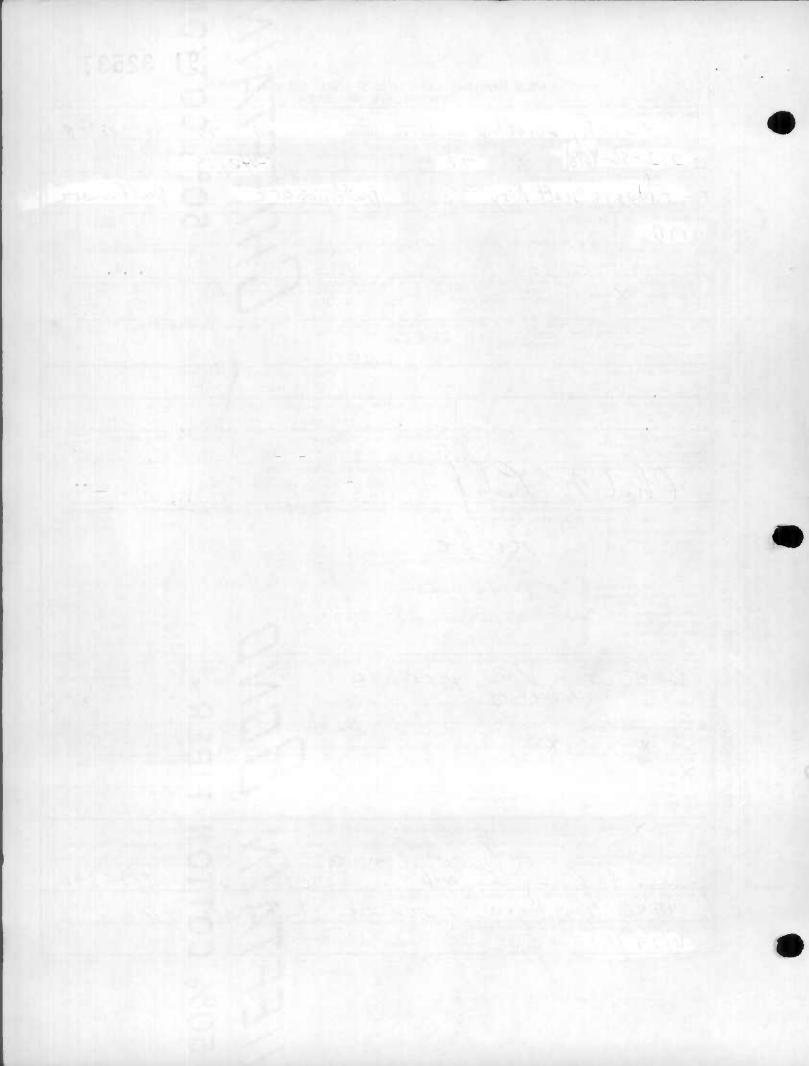
32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1245 DOROTHY CHARLOTTE YUREK 7. DATE OF BIRTH (Month), Day, Years 4-2-1919 4. SOCIAL SECURITY NUMBER " SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MARY LAND 72 212-56-4845 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 1 9c. COUNTY OF DEATH BALTIMORE CITY FRANCIS SCOTT KEY MEDICAL DIRECTOR CENTER 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 1 YES 2 100 FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SOUTH 46TH STREET 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES YOUNG IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxicen, Puerto Rican, atc.)
1 YES 2 O Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Wildowed 4 Divorced Specify: BY WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elamentery/Secondary (0-12) College (1-4 or 5+) 8TH GRADE DISABLED N/A 17. FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN I. WILEY MATHILDA CLASING BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANK H. YUREK SOUTH 46TH STREET BALTIMORE. MD 20s. METHOD OF DISPOSITION

(I) Buriel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State CEMETERY 11-27-91 BALTIMORE. MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC.. 7922 WISE AVENUE DUNDALK. MD 23. PART I. Enter the diseases, or complications that caused/the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finei Oneet and Death diseese or condition ro resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MEDICAL 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 5 Pending Investigation M 1 YES 2 NO BY Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 29s. CERTIFIER

(Chack and)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beels of the occured at the time, data and place, and due to the cause(s) and manner as stated. YAPLESSE NUMBER 298 SIGNATURE AND TITLE OF CERTIFIER BE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 40 2as 400 TALL



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	R	TCHA	RD	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) RICHARD R. ADAMS											
RICHARD R. ADAMS					2. DATE OF D			3. TIME OF DEATH			
MICHARD IV. WDWID					MONTH	DAY	YEAR	71151			
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)			7. DATE OF BI	*/		1 1/2/1			
		~		IF UNDER 24 HRS,	(Month, Day,	Year)	S. BIRTHI Country	PLACE (State or Foreign			
214-20-6869	1 ★ M 2 □ F	66 YRS.			Feb.	27,1925	Ma:	ryland			
9a. FACILITY NAME (If not institution, give			96. CITY, TOWN OR	LOCATION OF DE	EATH	9c. COU	NTY OF DE	EATH			
Union Hospi	tal of Ceci	1 County		E 11	kton		Ceo	. ; 1			
RESIDENCE OF DECEDENT				E(1)	KLON		cec	CII			
10a. STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOCATIO	N .				10d. INSIDE CITY			
Manuland	Cecil		0 1					LIMITS?			
Maryland	Cecii		Colo					1 YES 2 NO			
10e. STREET AND NUMBER		.,	10f. Z	IP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?			
1574 Colora Ro	ad			21917	7		U.S	S.A.			
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECEN	IDENT OF HISPAN		ecify Yea or No-	14. RACE	- American Indian,			
1XXNever Merried 2 Married	12. WAS DECEDENT EV	YES 2 NO	II yea, speci	ify Cuban, Maxice	n, Puerto Rican,	atc.)	Black	, White, atc.			
3 Widowed 4 Divorced	IF YES, GIVE WAR		1 U YES 2	NO Specify	y:	-	Specif	White			
	1 1942 - 19						1077	MILLEC			
15. DECEDENT'S EDI (Specify only highest gred	de completed)	(Give kind of we	USUAL OCCUPATION ork done during most retired.)	of working	16b, KINE	OF BUSINESS/IN	DUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)								
Unknown	Unknown	Fa	rmer			Farmer					
17. FATHER'S NAME (First, Middle, Last)		*		16. MOTHER'S NA	ME (First, Middle	, Maiden Surname)					
Unknown											
					Unkno						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	Number or Rural I	Route Number, Ci	ty or Town, State, Zij	p Code)				
V.A. Medical Cen	ter	Perry	y Point,	Marylan	nd 21	902					
200, METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE	20c. LOCATION -	City or Ton	wn State			
20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rec	moval from Stata	of comotons cromotons	or other place!								
4 Donation 5 Other (Specify)		Garrison Fore				L Baltın	nore,	Maryland			
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			ADDRESS OF FA							
> Thomas m	Mich	4				Son Fu	neral	l Home			
VI COMEDII.		Or	Perr	yville.	Maryla	and					
IMMEDIATE CAUSE (Final disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
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	B 3	has	23
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moust mine seems. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completes may the terminal director, page 5 should be de be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremmon, common or agreement	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at on
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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last		CE	RTIFICAT	TE OF	DEATH	REG.			
,		_				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
RCBERT LERC 4. SOCIAL SECURITY NUMBER	DOMEST	GE (In yrs. lest	JR.	DER t YEAR	IF UNDER 24 HRS.	NOVEMBER	16, 1	991	11:45 p
212-72-5166 99. FACILITY NAME (If not institution, give	1 € M 2 □ F	30	YRS. MONTH	DAYS	HOURS MIN.	JAN. 14,	1961	Coun	HPLACE (State or Foreign stry) RYLAND
CARROLL COUNTY GE		TAL		ESTMIN	NSTER	DEATH		RROLI	
10e. STATE 10b. COUN			10c. CITY, TOWI		TION				10d. INSIDE CITY LIMITS?
MARYLAND CARR	OLL		TANEYT				-		1 X YES 2 NO
75 GEORGE STREET					21787		USA		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	MED 1	Il yee, spe	ENDENT OF HISPA ecity Cuban, Mexic NO Speci	NIC ORIGIN? (Specify en, Puerto Ricen, etc.) fy:	Yee or No-	Spec	CE — American Indian, ck, White, etc. city:
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DEC	EDENT'S USUAL	OCCUPATIO	ON	16b. KIND OF	BUSINESS/IN		PADIAN
Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	life. L	e kind of work dor Do NOT use retired RAL LAB	1.)	st of working	SHET	ERED W	MPKS	SHOD
17. FATHER'S NAME (First, Middle, Last)		OLIVE	1412 1412	OKBK	18. MOTHER'S N	AME (First, Middle, Mail		OKK	onor
ROBERT LEROY 190. INFORMANT'S NAME (Type/Print)	BOWERS,	SR.	MAN INC ADORE	500 (0)	ARLENE	M. Route Number, City or	AHN		
ROBERT LEROY BOWE	RS, SR.		5 GEORG			NEYTOWN,			21787
1 N Buriel 2 Crametion 3 Res 4 Donetion 5 Other (Specify)		Cemetary, crem	BOD CEM	COULTY S		4 .			
PARTA Enter the disease or	Skiles		s S	2. NAME AN	FUNERAL	L HOME TA	AST BA	LTIM N, M	
PARTI. Enter the disease, or ehock, or heart feilure immEDIATE CAUSE (Final disease or condition resulting in death)	Skiles complications that cau List pnly one ceuee po	used the deep in each line.	S Sth. Do not ent	2. NAME AN	FUNERAL	L HOME TA	AST BA	LTIM N, M	MORE STREET
iMMEDIATE CAUSE (Final disease or condition	a. DUE TO (OR A DUE ID (OR A C.	ised the deel	JENCE OF): JENCE OF): JENCE OF): LUCK OF):	2. NAME AN	D ADDRESS OF FA	L HOME TA	AST BA	LTIM N, M	MORE STREET Approximate Interval Between
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immediate cause (Final disease or condition resulting in death) Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions are conditions. In the conditions of the	DUE TO (OR A DU	AS A CONSEOU AS	JENCE OF): M	2. NAME AND SKILES SET THE MODEL OF THE MODE	D ADDRESS OF FINERAL Description of dying, such de of dying, such (Pert I. 24e. WAS PERN 1 YES	AST BANEYTOW Spiratory er AN AUTOPSY FORMED? 2 ND	LTIM N, M rest,	Approximate Interval Between Onnet and Death O
Sequentially list conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR A DU	AS A CONSEOU AS	JENCE OF): JENCE	28. PLER: underlying 28. PLER: uraing Home 28c. INJU WO'T 1 Y actory, office	D ADDRESS OF FUNERAL Description of dying, such Compared to the compared to	Pert I. 24e. WAS PERF 1 YES eck only one) 5 Other (Specify) 28d. DESCRIBE HO	AN AUTOPSY ORMED? 2 ND WINJURY OC et and Number	ITIM N, M rest, 24b	Approviment interval Between Onnet and Death O
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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, Year)
NOV 1 8 91

21 MD 542

32 REGISTRAP'S SIGNATURE

Guha Davidson-Rendall

for		
detached	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF		HEALTH AND F DEATH		REG. NO.			3. TIME OF DE	244		
	BERNICE HILDA BOY	VLEY					MONT			YEAR QQ1	13:19	TD A		
	4. SOCIAL SECURITY NUMBER 236 36 1947	5. SEX 1 M 2 X F	6. AGE (In yrs. le	vRS.	IF UNDER 1 YEAR		7. DATE	OF BIRTH th, Day, Year)			PLACE (State or)	Foreign		
TOR	9a. FACILITY NAME (If not institution, give of SACRED HEART HOSE RESIDENCE OF DECEDENT					N OR LOCATION OF BERLAND	OEATH		9c. COUN		EATH			
DIRECTOR	W.Va 10b. COUNTY Mine				Garde		_				10d. INSIDE CIT LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER Rt 1					26717	151		10g. CITIZ		HAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	NO	If yes,	ECENDENT OF HISP specify Cuben, Mexi ES 2 [X] NO Spec	can, Puarlo	N? (Specify Yae Ricen, atc.)	or No-	14. RACE Black WITT	— American inc , White, etc. Ee	llen,		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unk	CATION completed) College (1-4 or 5+)	(C)	ECEDENT'S I Give kind of w e. Do NOT use USEWI		most of working	D	omestic		ISTRY				
BE CO	17. FATHER'S NAME (First, Middle, Last) John King Shillin	ngburg				18. MOTHER'S Maggie	Mae	Kitzmi.	ller					
101	190. INFORMANT'S NAME (Type/Print) David A. Burdocl	ζ	15 F	O BOX	523 K	it and Number or Rura	r, Md.	2153	State, Zip (Code)				
	20e. METHOD OF DISPOSITION 1				Cemete				Elk G		en, Stata			
	· Glored A. Y	Surface	6		Davi	d A. Bure	dock				Md. 21	538		
	David A. Burdock FH Kitzmiller, Md. 21538 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
	IMMEDIATE CAUSE (Final	List only one caus	ia on each iin	e.		noda of dying, au	ich as car	diac or raspin	atory arre	st,	Interval (
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions,	a. CARC	OF AS A CONSE	AQQE OUENCE OF	2E	node of dying, au	ich as car	diac or raspii	atory arre	st,	Interval (
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	a. CARCO DUE TO (OR AS A CONSE	AQ QE COUENCE OF COUENCE OF	25 25 :	rode of dying, au		diac or raspi	atory arre	st,	Interval (
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ш	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST PART II. Other significant condition UREMIA END CAUSE (Section 2)	B. CARCO DUE TO (1) DU	DR AS A CONSE OCACA OR AS A CONSE	AQ QE OUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF	the undarily the undarily 28. OTHER: 4 Nursing H	ing cause given i	n Part 1.	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b.	Unterval to Onset and Onse	FINDINGS TO CAUSE		

M.D. 902 SETON DRIVE CUMBERLAND. 32. REGISTRAR'S SIGNATURE

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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ROBERT WELIK. 31. DATE FILED (Month, Day, Year) NOV 1 9 1991 gicha Davidson Randalle and the second state of th

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		FOR STATE REGISTRAR	STATE OF MARYLAND / D		OF HEALTH AND I	MENTAL HYGI				
		1. DECEDENT'S NAME (First, Middle, Last)	Br	exter	2	2. DATE OF DEATH	DAY GE	3. TIME OF DEATH 0820 AM		
0		4. SOCIAL SECURITY NUMBER 715-10-2880	- 11	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 9-3-14	7)	SIRTHPLACE (State or Foreign Country) S. C.		
(P	HOH	99. FACILITY NAME (If not institution, give st UNION HOST RESIDENCE OF DECEDENT	OITAL	ELK	TON	EATH	9c. COUNTY	C / L		
olt. Pag	DIREC	DEL, NEW	CASTLE Co.	OC. CITY, TOWN OR	LETOWA	/		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ansit pern	FUNERAL	5 N. CATHERI			1970 9		10g. CITIZEN	OF WHAT COUNTRY?		
5-0020 nding physician. ss the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	11	AS DECENDENT OF HISPAI yes, specify Cuban, Maxics YES 2 NO Specif	n, Puarto Rican, atc.)	RACE — American Indian, Black, White, etc. Specify:		
2121 al or atte for use a	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)	completed) (Give	DENT'S USUAL OCC kind of work done du NOT use retired.)			BUSINESS/INDUST			
by the hospital be detached to at once.	E COMP	17. FATHER'S NAME (First, Middle, Last)	TYPE SE.	SHOKE	18. MOTHER'S NA	ME (First, Middle, Me				
MAR e retained 5 should notified	TO BE	190. INFORMANT'S HAME (Type/Print) FREDDIE MAE 1.	BAXTER 47	1	Street and Number or Rural	Route Number, City or NEW YOI	Town, State, Zip Coo	(a)		
e 6 may ector, pa		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rame 4 Oonation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE OR	oval from State of cemetary, cri	ematory or other pla	TERY 1/	2/91 80	RTAN	or Town, State N, DE		
BALTIN iours after death. Pag dd In by the funeral dir or removal. medical examiner		· Edu M	alch-	Ge	ame and address of fa ee Funera lkton, MD	1 Home,				
d within 24 nours at property filed in by the cemation or remedicates.		23. PART i. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daath)	List Dnly ona causa Dn aach line.	erunum	ha moda of dying, suc		espiratory arrest,	Approximate interval Batwaen Oneat and Death		
OX 687 e be executed sician and cor nior to burial, traumatic e	ATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE							
h certificat anding phy Hygiene p	CERTIFICATION	CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO (OR AS A CONSEQUE							
AL RECORDS, F he law requires that the deatr has been signed by the atter e Dept. of Health and Mental m 23 shows any Injury, or	MEDICAL	PART II. Other algolificant condition	s contributing to death but not rea	uiting in the und	iarlying cause given in	Part i. 24a, WA PEI 1 - YE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO			
ATAL F N: The law r ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:	OTHER	26. PLACE OF DEATH (CI	neck only one)				
OF V PHYSICIAL This certification with the Wed, or		1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	DOA 4 Nursi	ng Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO		OW INJURY OCCUR	ED		
TISIC TTTENDI TTOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home building, etc. (Specify)	ı, farm, street, facto	ry, office	281. LOCATION (SI City or Town,	treet and Number or I State)	Rural Route Number,		
HOSPITAL OR A' FUNERAL DIREC WITHIN 72 HOURS TANT: It Item	COMPLE	one)	CIAN: To the best of my knowledge, death R: On the bests of examination end/or inv					suse(s) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 P	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Λο		29c. LICENSE NU			GNED (Month, Day, Year)		
	10	30. NAME AND ADDRESS OF PERSON WHE	Lewis ,	M.D.	Midde	lle tou	UN	Del		
		NOV 1 2 '91	32. REGISTRAR'S SIGNATURE Julia Bandson-1	Pandall.						

LINEN HESTERL-NEW COURSE Str. MILION OF THE NO. S. M. CHIMBERLY SETT

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
re juneral offector, page 3 should be detaclied	10 THE FUNETAL DIRECTOR'S ATTECTURE CONTROLLE AND EVENT SIGNED BY THE ALTERNATION OF THE CONTROLLE OF THE CO
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

NOV 18'9

	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL		DEATH		REG. N 2. DATE OF DEATH			3. TIME OF DE	ATH _
	Raymond Eag	cl Cole							MONTH 11	16 I	199]		AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. la:	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 H	IRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BH	RTHPLACE (State or .	Foreign
9	162-26-3950	1X M 2 🗆 F	71	YRS.					10-31-		Y	ork Pa	
5	99. FACILITY NAME (It not institution, give s 1321 Pleasant V						inste		ТН		arro		
FUNERAL UINECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1		10c. CIT	Y, TOWN (OR LOCATI	ON		_			10d. INSIDE CIT	ГҮ
ŝ	Maryland Ca	arroll		Westminster						LIMITS?	NO		
1	10e. STREET AND NUMBER	*	-			101.	ZIP CODE			10g. C	ITIZEN O	F WHAT COUNTRY?	
	1321 Pleasant	Valley					2	115	57	U.	S.A		
	1) MARITAL STATUS 1) Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF YES 2 THE STATE OF DATES	NO		Il yee, spe		lexicen,	ORIGIN? (Specify Puerto Ricen, atc.)		В	ACE — American Incideck, White, atc.	
	15. OECEDENT'S EDUI			ECEDENT'S					16b. KIND OF	BUSINESS/	INDUSTR	Υ	
	Elementary/Secondery (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)		t of working						
	/		Pai	nte	r &	Wal	lpape			stru		on	1,74
	17. FATHER'S NAME (First, Middle, Last)	~ 0-1-							E (First, Middle, Maid				
	Scott Sterlin 190. INFORMANT'S NAME (Type/Print)	g core	146	MAIL INC	ACCREC	C (Street or			Merle				
2	James T. Cole											21157 ter,Md.	7
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO			etery, cremator					Town, State	
	1 Burial 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	other p	iaca) IOS (, -			,	nster	
	21. SIGNATURE OF PUBERIAL SERVICE LA	Signer 7	# Dec	//	22.	NAME AN	D ADDRESS (IIIJCCI	
Ĥ	1 / Shores	1. Tlet	2	/					ineral				. 7
7	23. PART i. Enter the diseases, or o	complications the	it caused the d	eath. Do	not antar	the mod	East. de of dving.	such	as cerdiec or re	wes	erreet.	nster, N	
	ehock, or heert feilure.	Liet only one cer	se on each lin	0.			no or aynig,		as condition on to	орписоту	orroot,	interval	Between nd Deeth
	IMMEDIATE CAUSE (Final disease or condition	Ara	00 H	un	ca	mi:	al	00	u bor	no	Α	0.41	Maro
	reaulting in daeth)	DUE TO	OR AS A CONSE	OUENCE O	F):				The	700	1	July	
		LU	er 8	de	ol'	6	Hea	4	dife	S	1		
	Sequantially list conditions, if any, laeding to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):								
	CAUSE (Disease or injury	C.	(OR AS A CONSE	01151105 0									
	that initiated events resulting in death) LAST	OUE TO	(OH AS A CONSE	OUENCE O	NF):								
		d										1	
	PART II. Other aignificant condition	a contributing to	death but not	reaulting	in the ur	ndarlying	ceuse give	n in P	art i. 24a. WAS	AN AUTOPS	SY :	24b. WERE AUTOPSY AVAILABLE PRICE	
		71.	2 m	-	~					2 1 10		COMPLETION DI OF OEATH?	
1000			Je m		7							1 YES 2] NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF OEAT	H (Chec	k only ona)				
	1 TYES 2 THO	1 Inpatient 2			4 🗆 Nur	rsing Home		enca 6	☐ Other (Specify)				
	27. MANNER OF DEATH 1 ☐ Natural 5 ☐ Pending	28e. OATE Of (Month, L		28b. TIR	JURY	28c. INJU WOI	RK?		28d. DESCRIBE HO	W INJURY	OCCURE	D	
	2 Accident Investigation	280 PLACE (NE IN HIDY As b	ama fam	etenat for	1 Y		-	204 I 004TION (D)		4	and One to Manches	
	3 Suicide 8 Could not be 4 Homicide determined	building	of INJURY — At h otc. (Specify)	ome, term,	atreet, rac	tory, office		1	28f. LOCATION (Street, Street,		iber or Hu	rai Houte Number,	
	29e. CERTIFIER												
	(Check only												and the sale
	2 MEDICAL EXAMINE	Ou the beels bl (venduerion aud/01	vestigati	on, at my	opinion, di	eath occured	at trie fil	ma, deta end piace	, and due to	the cau	se(s) and menner ee	stated.
	and the same of th										_		
or comp	THE AND TITLE OF CERTIFIE	-lu n	Noi0	311	~		29c. LICENS	E NUMB	BER (A)	29d. [ATE SIGI	NED (Month, Day, Yea	ir)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
CHITRACHEDU NAC. ANNA 700 A pooled welforing

32. REGISTRAR'S SIGNATURE Julia Davidson-Randalle

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3146,	0	BALTIMORE, MARYLAND 21203-3146	21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the world after death. Page 6 may be retained by the hospital or attending physician.	ecuted within	JIPON -3	s after death. Page 6 may be retained by the hosp	spital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nd completely burial, cremati	filled in on, or n	by the funeral director, page 5 should be detache emoval.	ed for use as the burial-transit p
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	itle event, t	he me	dical examiner must be notified at once.	

	FOR STATE REGISTRAR	ST	ATE OF N	IARYLAND /	DEPAR	TMENT	OF H	EALTH DE AT	AND I		YGIENI EG. NO.	9	1	32543
	1. DECEDENT'S NAME (First, Mid	idle, Last)				IOAIL	- 01	DEA		2. DATE OF D	EATH			3. TIME OF DEATH
	MARGARET	ANN	DOZ	ANE						NOV.	14,	1991	YEAR	7:00 PM M
	4. SOCIAL SECURITY NUMBER	5. St	EX	6. AGE (In yrs. las	l birthday)	IF UNDER		IF UNDER		7. DATE OF B	IRTH		8. BIRTH	HPLACE (State or Foreign
	235-52-0802	1 🗆	M 2∑ F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV . Z	3,19	01	V1	rginia
NG.	90. FACILITY NAME (If not institut 4 Bonnie Avent		d number)				TOWN O	R LOCATIO	ON OF DE	EATH		9c. COUN		EATH
DIRECTOR	RESIDENCE OF DECED				,									
RE		b. COUNTY	. 7			Y, TOWN C		ION						10d. INSIDE CITY LIMITS?
0	Maryland	Harfor	a		Be	l Ai								1 YES 2 NO
FUNERAL	4 Bonnie Av	enue			101. ZIP CODE 21014								JSA	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	ried F	ORCES? 1	T EVER IN U.S. AR YES 2 1			f yes, spe		n, Mexice	NIC ORIGIN? (Sp on, Puerto Ricen y:		or No—	Spec	E — American Indian, kk, White, etc. hite
COMPLETED		NT'S EDUCATION		(G	CEDENT'S lve kind of . Do NOT u	USUAL Owork done se retired.)	CCUPATIO	N st of workin	g	16b. KIN		INESS/IND	USTRY	
PL	8				H	omema	ker				He	ome		
	17. FATHER'S NAME (First, Middle James Ca	arlton							er's NA	AME (First, Middle		_{Sumame)}	ass	
TO BE	190. INFORMANT'S NAME (Typo// George Jack		r	19						Aoute Number, C				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion : 4 Donetion 5 Other (Spe		rom Stete	R. A	of dispo	sition (Ne TİS	me of cen	netery, cren	natory or			cation — c		own, Busto er, Pa.
	21. SIGNATURE OF FUNERAL SE	ERVICE LICENSE	LAM	AMIO	a TV	H	owar		McC	Comas I				Home, P.A.
CERTIFICATION	23. PART I. Enter the disassince, or heart immediate CAUSE (Final disease or condition resulting in desth) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	ss, b	OUE TO		OUENCE O	not enter								Approximate intervs! Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant	conditions con	ntributing to	ng to death but not resulting in the underlying cause given in					PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?				b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IA	25. WAS CASE REFERRED TO M						26. PI	ACE OF D	EATH (C)	heck only one)				
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TO BE C	290. SIGNATURE AND TITLE OF	1						29c. L10	ENSE NU	MER Y Y	4	29d. DAT	E SIGNE	(Month, Day, Year)

30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

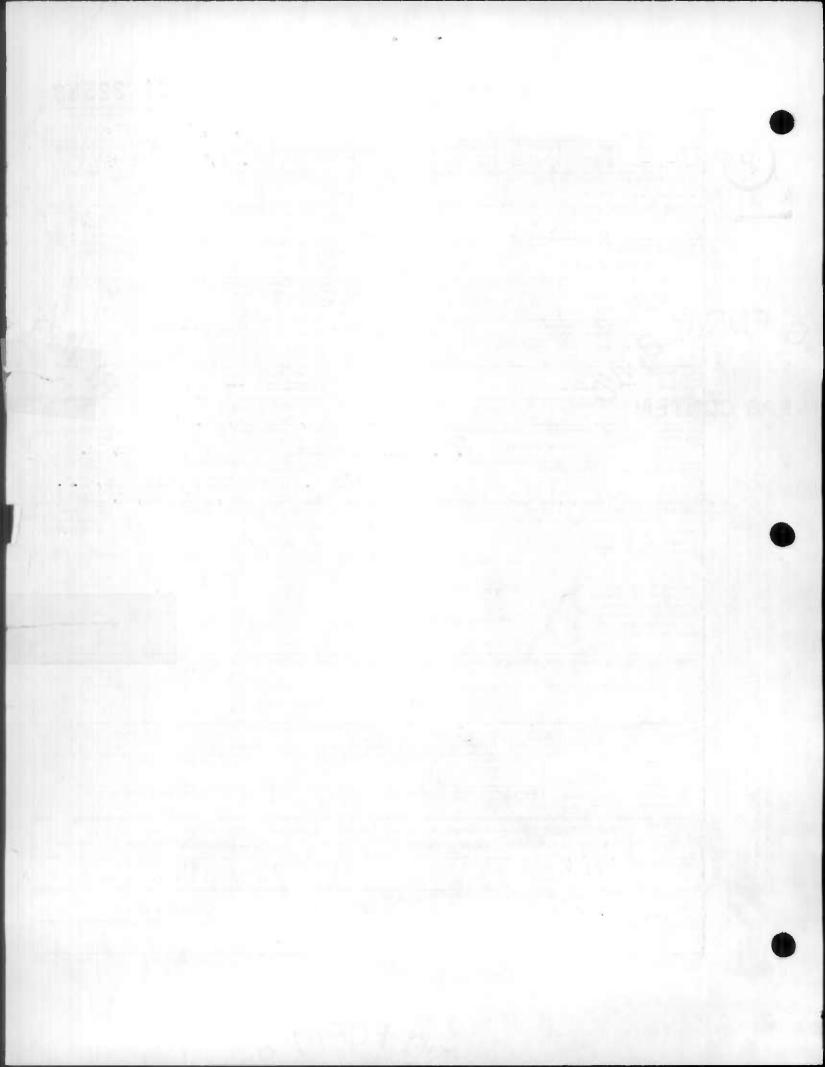
2112 BelaiR Road

22. REGISTRAR'S SIGNATURE

IJAY S. NAIR, M.D

31. DATE FILED (Month, Day

Suite 5 Fallston, MD 21047



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be e	tours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
1		-	epust.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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32. REGISTRAR'S SIGNATURE

Julia Davidson Randalle

31, DATE FILED (Month, Day, Year)

28 Item .

IMPORTANT: II

THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: Af filed within 72 hours after de

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DIRECT

FUNERAL

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 640 mary Ann PM 15 4. SOCIAL SECURITY NUMBER 159-36-3437 6. AGE (In yrs. lest birthday 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, 1 M 2 X F YRS 06 Delancey 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Owings Mills 10a STATE 10b COUNTY 10d. INSIDE CITY Baltimore Maryland 1 YES 2 1 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 14 Cedarmere Road 21117 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retire-t.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Public Schools School Teacher 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Bertram J. Crooks Eliza Gould 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
14 Cedarmere Rd., Owings Mills, Md. 2 19e. INFORMANT'S NAME (Type/Print) Mrs. Joan L. Altman 20e. METHOD OF DISPOSITION

120 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Ebensburg, Pennsylvania Lloyd Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Eckhardt Funeral Chapel Dar 11605 Reisterstown Rd., Owings Mills, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete ehock, or haart feliure. List only one cause on each line Intervel Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in deeth) Sequentisity list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b TMF OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 - Hatural 5 Pending M 1 YES 2 NO Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY -281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner as stated. ZID. BIGHATURE, AND TITLE OF CERTIFIED

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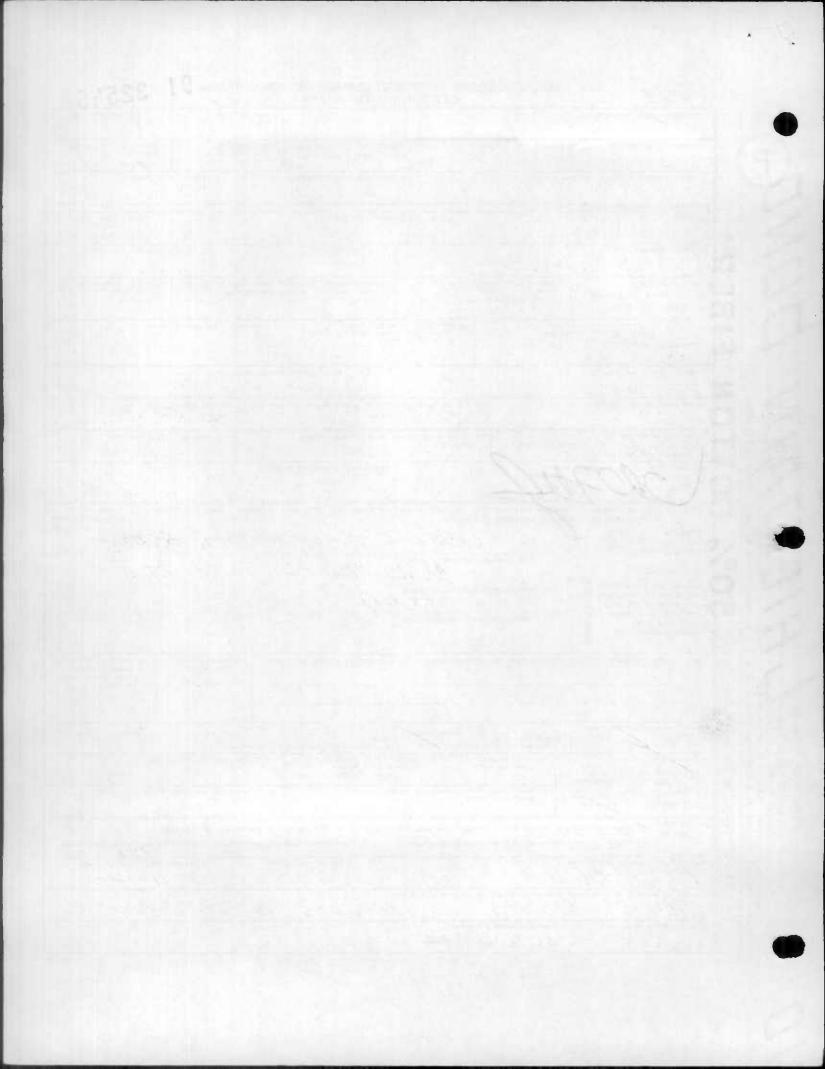
THE DO THE Se fied	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HO	TO THE FUI	IMPORTA

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1. DECEDENT'S NAME (Firs	t, Middle, Last))				OF DE		2. DAT	REG. NO			3. TIME OF DEATH
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Franklin	Square	Hospita	1	Baltimore								
RESIDENCE OF DEC	CEDENT									Balt	imor	e
	10b. COUNT			10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER		arroll			Fin	csburg						1 TYES 2 XX
THE STATE OF THE S						10f. ZIP C				10g. CITI	ZEN OF	WHAT COUNTRY?
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Lloyd Gu	y Broy	les							cett			
19a. INFORMANT'S NAME (1				19b. MAILING	ADDRESS (3				nber, City or Tow	n, State Zin	Code	
Jack H. Eva	ans								g Md.			
208 METHOD OF DISPOSIT	ION	normal factor of the	20b. PL	ACE AND DATE (OF DISPOSITION			DA		CATION —		own, State
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Figure 1. Problem 1. Control of the Numerican ball. Onedered Ti-II-II adjustment, IR.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND MATE OF DEATH	IENTAL HYGIENE REG. NO.	91 32	546
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	Y YEAR 3. T	IME OF DEATH
Н	RIITH ELI:	zabeth Fox 6. AGE (In yrs. last birthday) IF I	JNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7 91	M CE (State or Foreign
		12 x F 73 YRS. MON	THS DAYS HOURS MIN.	(Month, Day, Year) 2 8 19	18 Mary	land
R	Carroll County Ge		Westminste		9c. COUNTY OF DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT					
E E	Markelland County		WN OR LOCATION			INSIDE CITY LIMITS?
רם	Maryland Carro	II West	Minster Tool ZIP CODE		10g. CITIZEN OF WHAT	YES 2 NO
ERA	418 Poole Rd. Apt	. C-3	21157		U.S.A.	
N.		DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI			mericen Indian,
BY F	1 Never Married 2 Merried IF Y	CES? 1 YES 2 NO ES, GIVE WAR OR DATES X	If yes, specify Cuben, Maxicen 1 YES 2 NO Specify:			hite
	15. DECEDENT'S EDUCATION	18e. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS		
ET	(Specify only highest grade complete Elamentery/Secondary (0-12) Colleg	a (1-4 or 5 +) life. Do NOT use reti		Westmir	nster Sho	o Co
COMPLETED	12	Factory	Worker	Weschill	istel Silc	e co.
CO	17. FATHER'S NAME (First, Middle, Last)			NE (First, Middle, Maiden S		
BE	William Edward L 190. INFORMANT'S NAME (Type/Print)		Cathe PRESS (Street and Number or Rural Re	erine Lue	ella Rick	le
5	George P. Fox		ole Rd. Apt			d.21157
H	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from	20b. PLACE OF DISPOSITIO	N (Name of cametery, cramatory or	20c. LOC	CATION — City or Town,	State
	4 Donetion ** Other (Specify)	Meadow	Branch Cemete	ery West	tminster,	Md.
	101010	1/	Fletcher Fun 254 East Ma	neral Hor		r Md
CERTIFICATION	23. PART I. Enter the diseases, or complete shock, or heart failure. Lift online in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	y one cause on each line. OARDI	ò RESPI OCANOIAÍ 10	RATORY	Anne	Approximate Interval Between Onset and Desth
2	PART II. Other aignificant conditions contri	buting to death but not resulting in the	ne underlying cause given in f	Part I. 24e. WAS AN	AUTOPSY 24b. WEI	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICA				PERFORI	OF OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ck only one)		
Sic			HER: Nursing Home 5 - Residence	8 Other (Specify)		
ВУ РНУ	27. MANNEP OF DEATH 28 1 Netural 5 Pending 2 Accident Investigation	e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
8		e. PLACE OF INJURY — At home, ferm, stress building, etc. (Specify)	t, factory, office	281, LOCATION (Street a City or Town, State)	nd Number or Rural Route	Number,
COMPLET	one)	the best of my knowledge, death occurred at				l menner as atated.
CC	296. SIGNATURE AND JUTTLE OF CENTIFIER	0, 10	29c. LICENSE NUM	BER	29d. DATE SIGNED (Mod	nth, Day, Year)
00	10 / soull	a alla)	0780	59	► //-/a	491
2	30. NAME/AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM 27) (Type, Print	NURSERY A	ea. w	15-87 MIN	yora'
		negistran's signature	/			
	NUV 10 91 970	MILLIANDING N. C.				DHMH-16 Rev 1/89



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dent. of Health and Mental Hydiene prior to burial, cemaning or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ful- be filed within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial cremainn	cal
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	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPA CERTII					MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Carroll Walter Fritz						MONTH C		YEAR	0727 M
	212 01 7464	(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTI	IPLACE (State or Foreign
		77 YRS.					7-29-19:	14 (Car	Maryland Co.
oc	9a. FACILITY NAME (If not institution, give street and number)				R LOCATIO		ATH	9c. COUNT		
DIRECTOR	Carroll County General Hospital Westminster Carroll RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION								l County	
OIRI	Maryland Carroll County		lestr						_	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE			I to- CITIZE	11.05.1	YHAT COUNTRY?
FUNERAL	344 Margaret Ave					151	7			
S	11. MARITAL STATUS 12. WAS DECEDENT EVER II	N U.S. ARMED	13.	WAS DEC		15'	IC ORIGIN? (Specify Ya	U.	_	E American Indian.
BY F	1 Never Married 2 Married FORCES? 1 YES			If yes, sp	cify Cuban, 2 NO	, Mexica	n, Puarto Rican, atc.)		Speci	k, White, etc.
	3 Widowed 4 Divorced				20				opec	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of life. Do NOT	Work done	CCUPATIO	N st of working		18b. KIND OF BU	SINESS/INDUS	TRY	THE TAKE
J'E	Elementary/Secondary (0-12) College (1-4 or 5 +)	_								
JM.	12 17. FATHER'S NAME (First, Middle, Last)	Fore	man					_	1	ProductsCo
	G. Walter Fritz						ME (First, Middle, Meider	Sumame)		
BE	19s. INFORMANT'S NAME (Type/Print)	405 1444 01	0.4000000				. Young			
5	Catherine B. Fritz	344 1	Mara	are	nd Number o	Rural F	noute Number, City or Tow estminst	on, State, Zip Co	(ebo	21157
	20s. METHOD OF DISPOSITION 20b	PLACE AND DATE								
	1 Burial 2 Cremation 3 Removal from State cen	netery, crematory or	other plece)					CATION - CII		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	rider'	22.	NAME AN	D ADDRESS	OF FAC	11/17 W€			
	· 1/2 / TOH		Th	oma	s D.	Fl	etcher 8	Son	Fu	neral Home
	23 PADT I Enter the discours of a state live it			54	E. M	ain	St. Wes	stmins	te	r, Md.
	23. PART I. Enter the diseases, or complications that ceueer ehock, or heert failure. List only one cause on e	the deeth. Do ach line.	not enter	the mo	de of dyln	g, such	ee cardlec or resp	iretory arree	t,	Approximate Intervel Between
	IMMEDIATE CAUSE (Final disease or condition	ri S	Char	K						Onset end Death
	recuiting in death) a. DUE TO (OR AS A				^					24-KZ
2	DUE TO (10) AS A CONSEQUENCE OF): The relation of the Community of the relationship o									36 Rr
9	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury								years	
	that initiated evente DUE TO (OR AS A resulting in deeth) LAST	CONSEQUENCE C	F):							
E	d.		-							
AL	PART II. Other eignificent conditions contributing to death b	ut not resulting	in the un	derlying	ceuse giv	en in l	Pert I. 24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
	Lypertension						PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	16						ILTYES :	. NO		OF DEATH?
5										1 TYES 2 TAID
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEA	ATH (Che	ck only one)		_	
SIC	EXAMINER? 1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outp	eatlent 3 DOA	OTHER		5 🗆 Raale	denca	B Other (Specify)			
E	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIA		28c. INJU	JRY AT		26d. DESCRIBE HOW I	NJURY OCCUP	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M		ES 2 [NO				
	3 Suicide 6 Could not be 28s. PLACE OF INJURY building, stc. (Spec	— At home, farm,	atreet, lacti	ory, office			28f. LOCATION (Street of City or Town, State)	and Number or	Rural R	oute Number,
COMPLETED	4 Homicide datarmined						Orly or rown, State)			
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowl	edga, death occurr	ed at the ti	me, data	and place, a	nd dua	to the cause(a) and mai	ner as stated.		
O	one) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigation	on, in my o	pinlon, de	ath occured	at the t	lma, data and place, an	d dua to tha c	nuse(a)	and manner as stated.
ш	296 SIGNATURE AND TITLE OF CENTIFIER				29c. LICEN					(Month, Day, Year)
0	Lond of the fl				D23	719)	> /	4	MN 9/
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	, Print)						(
	Donald D. Coker, 542 Wa	shingt	on F	d.	West	mir	ster, Mo	1. 21	157	7
	31 PATE FILED (Mostly Day, Year) July REDISTRASSIC	September 1800								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or enhous. IMPORTART: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AN	ID MENTA	AL HYGIENE REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last))			2. DATE	E OF OEATH	Ve	3. TIME OF DEATH	
		izabeth	Fruh			ember 14		91 7:14 P M	
	4. SOCIAL SECURITY NUMBER 222-12-4419	70	MON	INDER 1 YEAR F UNDER 24 H	Mon (Mon	th, Day, Year)		BIRTHPLACE (State or Foreign Country)	
1		1.0				-8-1911		aryland	
4	9a. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION O	OF DEATH		9c. COUNTY	OF DEATH	
2	Physicians Memor			Charl	es				
DIRECTO	Maryland 106. COUN	Charles	WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 J. NO		
	10e. STREET AND NUMBER			101, ZIP COOE			10g. CITIZEN	OF WHAT COUNTRY?	
ER/	3006 A Pilarim S	Souare		20602		100	US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, M 1 YES 2 NO S				RACE — American Indian, Black, Whita, atc. Specify: White	
ED	15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S USU.	AL OCCUPATION	16	b. KIND OF BUSI	NESS/INDUST	rry	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most of working red.)		Crod	lit Bu	TOO!	
COMPLET	12	4	Retired					reau	
	17. FATHER'S NAME (First, Middle, Last) Walter Jones					na Boyl			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AGO	RESS (Street and Number or I				de)	
2	Frank Fruh, Sr.			Pilgrim Sq.,					
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ra		PLACE AND DATE OF	oisposition (Name ther place) Eterans Ceme				or Town, State	
	4 Dandion 5 Other (Specify)		aryraiu ve	22. NAME AND ADDRESS O	9	.1-to GI	iet cel ii	rialli, MD	
	Michael	Blankenship	M00857	Huntt Funer					
	23. PART I. Enter the disease, or			P. O. Box 1					
	shock, or heart failure iMMEDIATE CAUSE (Finei disease or condition resulting in desth)	hock, or heart failure. List only one cause on each line. CAUSE (Fine) Ondition							
Z	0	· Alloxi	c Brani	~, Kidney	Cen	Dolo	win	and offer	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				0	1	
IFIC	CAUSE (Diseese or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):				-		
ERT	resulting in deeth) LAST	d							
	PART ii. Other significant condition	ons contributing to deeth b	ut not resulting in th	ne underlying ceuse give	on in Part I.	24a. WAS AN A		24b. WERE AUTOPSY FINDINGS	
ICAL						PERFORM	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC							1	OF DEATH?	
ä									
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- m	26. PLACE OF OEAT	H (Check only	one)			
YSI	1 TYES 2 K NO	1 Nnpetlant 2 ER/Outp	patient 3 DOA 4 D	Nursing Home 5 Reald					
	27. MANNER OF OEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 N		ESCRIBE HOW IN	JURY OCCUP	RED	
D BY	3 Suicide 8 Could not b	28e PLACE OF INJURY	— At home, farm, stree	t, factory, office	281. LC	OCATION (Street ar. ty or Town, State)	nd Number or	Rural Route Number,	
ETE	4 Homicida determined								
COMPLET	contact only	YSICIAN: To the beat of my know NER: On the basis of examination							
BE	29b. SIGNATURE AND TITLE OF CENTER	I But		29c. LICENS	6 NUMBER 0629		29d. OATE S	IGNED (Mogth, Dey, Year)	
5	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin		0023			113111	
1	George H. Wather	M.D. Pembro	oke Square		ay 301	South	Waldo	rf, Md. 20603	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ADV Parida 12						

	FOR	STATE OF MARYL	AND / DEDAD	TMENT OF	HEAITH AND I	MENTAL N	9	32	549
	STATE REGISTRAR CEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE O	F DEATH	F	EG. NO.	- 91 3.	TIME OF DEATH
	David	GrEE	nway	eenway		-	1 17	YEAR QI	10 pm.
2	CIAL SECURITY NUMBER 13 08 9770	1 M 2 □ F	In yrs. last birthday) 2 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF I (Month, De	9 48	Country)	CE (Siete or Foreign Sylvania
	ACILITY NAME (If not institution, give s 136 Milestone R			96. CITY, TOWN	OR LOCATION OF DE	EATH		CI I	H
10a.	STATE 10b. COUNT			Y, TOWN OR LOC				10	d. INSIDE CITY
ERAL DI	MG CE	al .		EIKTO	101. ZIP CODE		10g. CIT	IZEN OF WHA	YES 2 NO
	136 MILESTON				21921			S.A.	
1 [X]	Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specifi	in, Puerlo Rice		Black, W	American Indian, /hite, etc.
E	15. DECEDENT'S EDU (Specify only highest grade (sementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Itte. Do NOT u	work done during i	most of working		of Business/inedical	DUSTRY	
17. 6/	Samuel J.	Greenway			18. MOTHER'S NA		le. <i>Meiden Surn</i> ame) Lou Maha	ffey	
198.	informant's name (Type/Print) Samuel J. Green	way			one Road		City or Town, State, Zi kton, MD	2192	21
	METNOD OF DISPOSITION NOV Burlel 2 Cremetion 3 Heart Donetion 5 Other (Specify)	20 1991 20t	other place) Gilpin M	sition (Name of clanor Me	cometery, cremetory or emorial Pa	ırk	Elkton,	,	
21. S	IGNATURE OF FUNERAL SERVICE LI	CENSEE		10:	AMP ADDRESS OF FA CKS HOME 3 West St kton, MD	ockton	Street	PA	
IMN	PART I. Enter the diseases, or ahock, or heert fellure. REDIATE CAUSE (Final sees or condition ulting in death)	a. Multiforn	ech line.	oblasi		h es csrdlec	or respiratory s	reat,	Approximate interval Between Onaet and Deed
CAL that	juentielly list conditiona, ny, leading to immediate se. Enter UNDERLYING JSE (Disease or injury I initiated events uiting in death) LAST	c	A CONSEQUENCE O						
MEDICAL	T II. Other algolificent condition	ns contributing to deeth t	out not resulting	In the underly	ling ceuse given in		A. WAS AN AUTOPSY PERFORMED? YES 2 KNO	A CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
0	MAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)				
SAH 27. h	IANNER OF DEATN	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TII	WE OF 28c.	ome 5 Residence INJURY AT WORK?		pecify) IBE HOW INJURY O	CCURED	
À 2	Natural 5 Pending Investigation Suicide 8 Could not be	28e. PLACE OF INJURY	r — At home, farm,	M 1	YES 2 NO		ON (Street end Numbiown, State)	er or Rural Rou	te Number,
290.	CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know		red at the time d	lete and place, and du		-W	ated.	
СОМР	one)	ER: On the basis of exemination							and manner ee stated.
	SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (N	fonth, Day, Yeer)
H 296.	H. Sarkes, r	10			D153	14		1/18//	91
B 296.	H. Sarkss, MAME AND ADDRESS OF PERSON WILL OF Thern C	1D HO COMPLETED CAUSE OF DI	EATN (ITEM 27) (Typ	o, Print)	Herard	14 St. E	Ikton	1/18/	91

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Julia Davidson-Pandose

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KSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phy	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnth the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d or item 23 chairs any injury or other trainment the months assessment to antical
The	te D	8
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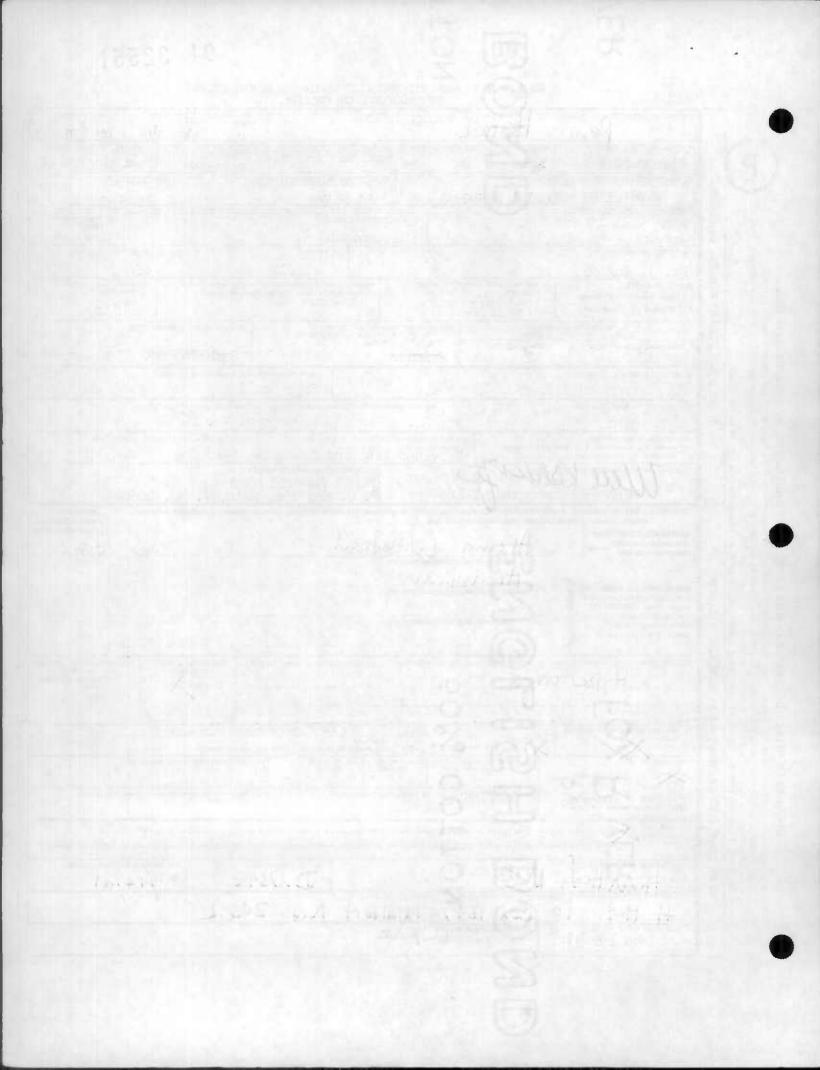
LORA Lee	Middle, Last)	marr IIan						2. DATE OF DEATH	NY.	9 ^{YEAR}	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		s. sex	6. AGE (In yrs. les				DE.			-	3:30 P
213-96-69		1 M 2 TF	23	YRS.	MONTHS D	AR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Weer) 10/14/68		Count	
9a. FACILITY NAME (If not i		377	- 2)	1110.	Oh CITY TO	WN OR LOCATI	ON OF DE			MI	
MD.ROUTE	140					INSTE		ain		RRO	
RESIDENCE OF DE	CEDENT				WIJOIR	INDIE	11		UA	ICICO	шш
10a. STATE	10b. COUNTY				Y, TOWN OR L						10d. INSIDE CITY LIMITS?
MD 10s. STREET AND NUMBER	Carr	,011		Ta	aneyt						1 YES 2 NO
						tor. ZIP COD	_		t0g. CIT		VHAT COUNTRY?
22 Courie	r pri	12. WAS DECEDEN	T EVER IN U.S. AF			21'				U. 3	
1 Never Merried 2 2 3 Widowed 4 Dive		FORCES? 1	YES 2 X	NO	If ye	n, specify Cuba	n, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Ricen, atc.)	or No	Snec	- American Indian, k, White, etc.
15. DEC	EDENT'S EDUC y highest grade	CATION			USUAL OCCU			16b. KIND OF BUS	INESS/INE	DUSTRY	
Elementery/Secondery (College (1-4 or 5	life	Do NOT us	e retired.)	g most of working	ng				
		3+	I	PN				nur	sing	3	
17. FATHER'S NAME (First, A		TP 1						ME (First, Middle, Maiden			
James Fra		Kinney						Lee Dev			
Mrs. Lind				6. MAILING				Westmin			
23. PART I. Entar the d	Dna, diate	a. Due to	caused the de	DUENCE DI	Try:	mode of dyl	ng, auch	ton Rd.,	wes	est,	Approximate Interval Betwee Onaat and Dea
readiting in death) CAS	nt condition	e contributing to	death but not re	esulting I	n the under	ying ceuse g	lven in l	Part I. 24e. WAS AN A PERFORI		24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO
PART II. Other significa								YES 2	□ NO		COMPLETION OF CAUSE DF DEATH? YES 2 NO
PART II. Other signification of the significant of the signi		HOSPITAL:			2 OTHER:	. PLACE OF DE	EATH (Che		□ NO		COMPLETION OF CAUSE DF DEATH?
PART II. Other significa		1 Inpatient 2 I	INJURY		OTHER: 4 Nursing	iome 5 🗆 Ra		ck only one) SX: Other (Specify R O)	ADWA		COMPLETION OF CAUSE DF DEATH?
PART II. Other significations of the signification	D MEDICAL Pending	1 Inpatient 2 Inpatient 2 Se. DATE OF (Month, Da	INJURY ly. Year)	28b. TIMI	OTHER: 4 Nursing	injury at work?	sidenca (ck only one) SX Other (Specify R O) 28d. DESCRIBE HOW IN	A DW A	URED	COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TEXAMINER? X XYES 2 ND 27. MANNER OF DEATH 1 Netural 5 Accident 3 Suicide 8) MEDICAL	1 Inpetient 2 28e. DATE OF (Month, De 1 / 1 2 28e. PLACE DI building,	INJURY	28b. TIMI 2:35 me, lerm, a	OTHER: 4 Nursing OF 28c URY P M t	INJURY AT WORK?	sidenca (ck only one) SX: Other (Specify R O)	ADWA	OURED 1 to /	completion of cause of peath? Ves 2 no auto imp

111 PENN STREET, BALTIMORE, MARYLAND 21201

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Hance	Vernon Ha	nce		2. DATE MONTH	OF DEATH II-I	4-91 91 YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 216-40-5874 90. FACILITY NAME (if not institution, give	102 M 2 □ F 46	S YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	10-	of BIRTH 7, Day, Year) 11-1944	Wa	shington DC
IOHO!	PHYSICIANS ME RESIDENCE OF DECEDENT			LA PL		AIH	90.	CHAR	
DIRECTOR	Maryland Ch	marles		own on Locat yantowi					10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
EHAL	Rt. 1, Box 62			101.	20617		10g.	CITIZEN OF USA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAN Delify Cuben, Maxice 2XXNO Specify	n, Puerto I	i? (Specify Yee or No Ricen, atc.)	Blac	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo.	N st of working		KIND OF BUSINESS		
	12 17. FATHER'S NAME (First, Middle, Last) Vernon Paul	Hance	Printer		18. MOTHER'S NA Faye Be	ME (First, I	Printing Middle, Melden Sumer		
TO BE	19a, INFORMANT'S NAME (Type/Print) Linda Hance	Harice			nd Number or Rural I	Route Numi	ber, City or Town, State Md. 2061		
	20e. METHOD OF DISPOSITION 1 Serial 2 Cremetion 3 Read 4 Donation 5 Other (Specify)	movel from State of	b. PLACE AND DATE OF Cometary crematory or Vary Land V	DISPOSITION	(Name	DAT	E 20c. LOCATIO	N — City or T	own, State
	21. SIGNATURE & UNERLU SERVICE	ankenshib MO)	22. NAME AN	Funeral	Home			
	23. PART i. Entar tha diaaasaa, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition recuiting in death)	e. H cohel	d tha death. Do not each line.	antar the mo	de of dying, auc	h as card	diac or reepirator	y erreet,	Approximete Interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	C	CONSEQUENCE OF):						
MEDICAL	PART II. Other eignificent condition		out not reaulting in	the underlying	g cause givan in	Part i.	24e. WAS AN AUTO PERFORMED? 1 YES 2		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	NOSPITAL: 1 Impattant 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)		THER: Nursing Hom 28c. INJ	ACE OF DEATH (Ch	8 🗆 Othe		Y OCCURED	
TED BY F	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY	Y — At home, farm, atre	M 1 🗆	YES 2 NO		CATION (Street and No or Town, State)	umber or Rural	Route Number,
COMPLE	(Critical Offin)	SICIAN: To the best of my know							(s) end manner as stated.
O BE CO	2991 BIGHATUME AND TITLE OF CERTIFI	- W			29c. LICENSE NUI	MBER 349	290	. DATE SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	0 Box 164	7 Wal	tert	Mt.	200	ER	ı	
	NW 1 8 '91	Ciosa Day	Idson Pandell	6					



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PHYS	this	with
DING	After	death
TEN	TOR:	after
OR A	DIREC	201100
TAL	AL	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic	nichin
포	3H	Floor
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31. DATE FILED (Month, Day, Year)

'91 9

	1. DECEDENT'S NAME (First, Middle, Last) Edward Haze	1					2. DAT		19	9 T	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	1	In yrs. lest birthday)	IF UNDER 1 YE		S. 7. DAT	E OF BIRTH		8. BIRTH Country	PLACE (State or Foreig
	217-54-7568 9s. FACILITY NAME (If not institution, give s	treet and number)	-) 3 YRS.	9b. CITY. TO	WN OR LOCATION OF	12	08 1		Penr	ısylvani
TOR	Dorchester G	eneral	Hosp	oital	Ca	mbridge			Do	rche	ester
DIRECTOR	10a. STATE 10b. COUNT	orchest	er	10c. CIT	y, town or Lo	mbridge					10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 520 Gle	nburn A	ve.			101. ZIP CODE 21613			10g. CIT		S.A.
BY FUN	11. MARITAL STATUS XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? JF YES, GIVE 1924	1X XYES	2 NO	If yes	DECENDENT OF HIS s, specify Cuban, Ma YES 2 NO Sp	xican, Puert		a or No-	14. RACE Black Specia	- American Indian, white, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		18a. DECEDENT'S (Give kind of	work done during	PATION g most of working	10	Bb. KIND OF BU	ISINESS/IN	DUSTRY	
COMPLET	Elamentary/Secondary (0-12) unk .	College (1-4 or 5	i+)	labo	120			st	eel	mill	Ls
-	17. FATHER'S NAME (First, Middle, Last) UNKNOW	n				18. MOTHER'S		, Middle, Maiden known	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Johanne N	iblett				reet and Number or Ru × 217 C					13
i	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State										
	XIXBurial 2 Cramation 3 Ram 4 Donation 5 Other (Specify)			d. Veter			11	/19 H	urlo	ck N	1d.
	21. SIGNATURE OF FUNERAL SERVICE LI		9,			0 Locus					al Home
	23. PART I. Enter the diseeses, or ehock, or heert failure. IMMEDIATE CAUSE (Finsi diseese or condition resulting in death)	Pneu	moni.	a CONSEQUENCE O	neu Pi:	monie	£		piratory er	rrest,	Approximet Interval Bet Onset end
NOIL	Sequentially list conditions, if any, lesding to immediate			eral con		eral c	ond	ilion		-	
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	C. DUE TO	O (OR AS A	CONSEQUENCE O	F):				W.		
CE	PART II. Other significant condition	as contributing t	o death t	ut not reculting	in the under	hina sauce alver	in Dart i	24a, WAS AI	MALITOROV	Lau	. WERE AUTOPSY FIN
MEDICAL		ma, c	aror	uc,		nymg doddo giron			RMED?		AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE OF DEATH	(Check only	one)	-		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Out	petient 3 DOA	OTHER:	Home 5 - Resider	nca 8 🗆 Ot	her (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE C (Month,	Day, Year)	28b. TIN	JURY	E. INJURY AT WORK? YES 2 NO		EŞCRIBE HOW	INJURY O	CCURED	
ЕО ВУ	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE building	OF INJURY g, atc. (Spe	/ — At home, farm, cify)	atreet, factory,	office		OCATION (Street ity or Town, Stets		er or Rural I	Route Number,
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS					data and place, and					s) and manner as ate
		_									

32. REGISTRAR'S SIGNATURE Pandall

) 1	. Items: 23 pa for 1 - STATE . REGISTRAR	STATE OF MAR	YLAND / DEPA	RTMEN	IT OF H	/92 reh LEALTH AND DEATH	MENTA		NE	2550	3	
	1. DECEDENT'S NAME (First, Middle, Last)		ידעו				2. DAT	E OF DEATH	DAY	YEAR 3.	TIME OF D	EATH
	DAVID RO	NALD		EFE			11		2 2	91 7	: 45	A M
	219-46-0361	5. SEX 6. A	GE (In yrs. last birthday	MONTHS	ER 1 YEAR	HOURS MIN.	(Mon	E OF BIRTH oth, Day, Year)		8. BIRTHPLA Country)	CE (Stete o	r Foreign
	9a. FACILITY NAME (If not institution, give sti		45 YRS.	9h CI	TY TOWN O	PR LOCATION OF		9-19-1		TY OF DEAT	D	
DIRECTOR	11635 Woodruff		S.W.		MBER		DEATH			egany	0	OUNT
3EC	10a. STATE 10b. COUNTY		10c. C	TY, TOWN	OR LOCAT	ION				100	1. INSIDE C	ITY
DIE	MD All	egany		3 mbe	erlan	a					LIMITS?	
FUNERAL	10e. STREET AND NUMBER	3-1				ZIP CODE			10g. CITIZ	ZEN OF WHAT		
当	11635 Woodruff					21502			US	SA		
FU	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVE FORCES? 1	ER IN U.S. ARMED	13	MAS DEC	ENDENT OF HISP ecity Cuben, Maxie	ANIC ORIGI	N? (Specify Y		14. RACE Black, WI	American In	ndlan,
ВУ	3 Widowed 4 Divorced	FORCES? 1 V V			1 TYES	2 NO Spec		ricari, atc.,		Specify		
ED	15. DECEDENT'S EDUC	Vietna ATION	16a. DECEDENT	S USUAL	OCCUPATIO	N.	146	b. KIND OF BI	ISINESS (NIS)		ite_	
E	(Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	work done	e durina mos	st of working	10	b. KIND OF BI	JSINESS/INDI	USINT		
릴	12	oomege (1-0 of 5 +)	self	emp	loyed	3		Stor	ne Mas	con		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First,			5011		
ш	Lerov M. Keef	er				Ele	anor	Valen	tine			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S\$ (Street as	nd Number or Rura	i Route Nun	nber, City or To	wn, State, Zip	Code)		
-	Mrs. Carla J. K	eefer	1163	5 Wo	odruf	f Avenu	e S.I	W. Cum	berla	nd. M	215	02
	20s. METHOD OF DISPOSITION 1 X Furial 2 Cremetion 3 Ramo		20b. PLACE AND DATE cemetery, crematory or	OF DISPO	SITION (Na		DAT			City or Town,		
	4 Donation 5 Other (Specify)		Hillcre	st B	urial	Park	11-	25 (lumber	land,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	11	22	. NAME AN	D ADDRESS OF F	ACILITY	7 77				
	Janes + 8	1coup	Illi.		Camb	pelli F erland.	MD '	21502				
	23. PARY i. Entar the diseases, or co ahock, or heart fallura. L	omplications that cau	sed the daath. Do	not ente	r the mod	de of dying, su	ch aa car	diac or resp	oiratory arre	est,	Approxi	mata
	IMMEDIATE CAUSE (Final	ist only ona cause D	n each fine.									Between and Death
	diseasa Dr condition reaulting in death)	Cardiac	arrhythm	ia								
		DUE TO (OR A	S A CONSEQUENCE	OF):								
NO	Sequentially list conditions.											
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE	OF):								
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE ()F)·								
E	resulting in death) LAST	(400		,, ,.								
2												
NA.	PART II. Other aignificant conditions	contributing to deat	h but not resulting	in the u	indariying	cause given in	n Part I.	24a. WAS AF	NAUTOPSY RMED?		RE AUTOPSY	
ă								1	2 🗌 NO	CDA	APLETION O	
ME								^			YES 2	NO
PHYSICIAN: MEDICAL												
S		HOSPITAL:		OTHE		ACE OF DEATH (C	heck only o	ne)				
ΙΥS		1 Inpetient 2 ER/C		4 🗆 Nu		5X Realdenca	6 🗆 Othe	er (Specify)				
	27. MANNER OF DEATH 1 X Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yee	RY 28b. TII	JURY	28c. INJU WOF	łK?	28d. DE	SCRIBE HOW	INJURY OCC	URED		
BY	2 Accident Investigation	200 BLACE OF BLU	IDV AA L	М		ES 2 NO	-					
<u>⊟</u>	3 Suicida 6 Could not be 4 Homicide detarminad	building, etc. (S	JRY — At home, term, Specify)	straet, fed	ctory, offica		28f, LOC City	or Town, State	and Number o	or Rural Route	Number,	
COMPLETE	29a. CERTIFIER											
MP	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kr	tion and/or investor	ned at the	time, data i	and place, and du	a to the ca	use(s) and ma	nner as state	d.		
- 10		On the basis of examina	and/or investigati	on, in my	opinion, da	stn occured at th	e lime, data	and place, a	nd dua to tha	cause(s) and	manner as	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	a/11 X	1 . 1			29c. LICENSE NU	MBER			SIGNED (Mon		er)
2	30 NAME AND ADDRESS OF BEDOOM WAS	MYNT	1 /2/			0.0	. M . E		11/	22/9	1	

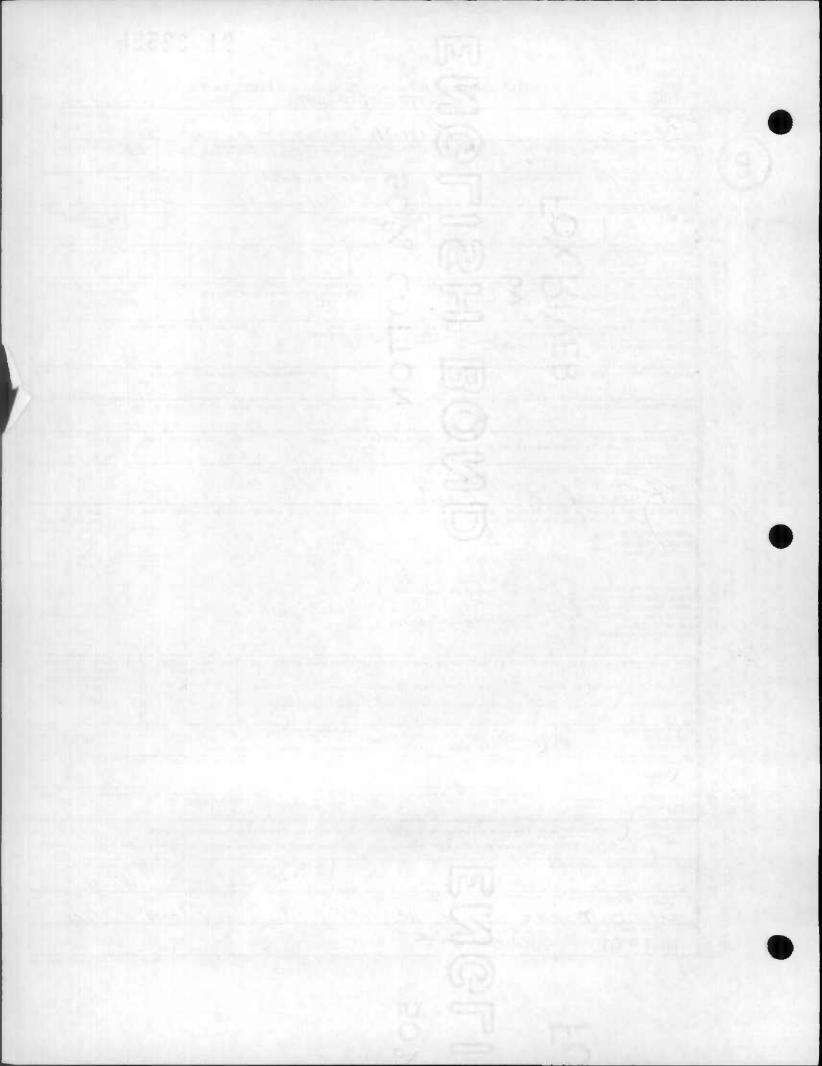
32. REGISTRAT'S ATENATURE

1991

PENN STREET, BALTIMORE, MARYLAND 21201

ł	leat	fu	
1	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after deat	IAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
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THE NECONDS, T.O. DON CO.	0	0	ho
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	1. DEGEDENT'S NAME (First, Middle	lle, Last)		با	ERTIFIC	1 /.	JI BEA		2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH
	Dessie			T	1115	PHT			11	1 15	-	91	2120
	4. SOCIAL SECURITY NUMBER 217-46-1800		5. SEX	8. AGE (In yrs. le	-	IF UNDER 1 YEA		MIN.		of BIRTH h, Day, Year)	906	Coun	RYLAND
1	9a. FACILITY NAME (If not institution		et and number)		1	9b. CITY, TOV	WN OR LOCAT	ON OF DE	ATH		9c. COU		
DIRECTOR	UNION HOSPI				100	ELI	KTON				CI	ECI.	L
읦		COUNTY		1000	10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
122	MARYLAND	(CECIL		CON	OWING	GO						1 - YES 2 -
RAL	134 MOORE R	07.0					10f. ZIP COL				10g. CITI	ZEN OF	WHAT COUNTRY?
FUNER	134 MOURE R		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS		1918		N? (Specify Yas	or No.		USA CE — American Indian
	1 Never Married 2 Marrie		FORCES? 1	YES X2XX	NO	If yes	, specify Cub YES 2 N NO	ın, Maxica	n, Puerto			Ble	ck, Whita, atc.
) BY	3 X Vidowed 4 □ Divorced				1.34								WHITE
ETED	15. DECEDEN' (Specify only higher	est grade o	ompleted)	- (Give kind of wo fe. Do NOT use	ork done during		ing	186	. KIND OF BUS	SINESS/IND	DUSTRY	
12	Elementary/Secondary (0-12)		College (1-4 or 5	+)	HOUSE						F	IOM	E
COMPL	17. FATHER'S NAME (First, Middle,	Last)		THU	TOUSE	VV 1 F F.	18. MO1	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
ш	WALTER HIC	KMAN	1		- 9			LULA	BA	RROW			
TO B	19a. INFORMANT'S NAME (Type/Pri		70	1	19b. MAILING A								
	R. JANE HUN 200. METHOD OF DISPOSITION	GERE	CORD	not DIAC	E AND DATE			. CO	WON	TNGO.			G 1 8 Town, State
	1/4 Burial 2 Cremation 3 4 Donation 5 Other (Spec		val from Stata	of cemetar	rv. crematory o	or other place))	TATC	1	1 1 2 2 2		-	MARVI AN
	21, SIGNATURE OF FUNERAL SER		NSEE		J FIII	22. NAM	E AND ADDR	SS OF FA	CILITY	ZU BE	L A	K	MARYLAN
	VII.	.0	41	0	1/2	R.	T. F	TADD	THE	ד ה כדידוה	HON	(F)	
	23. PART I. Enter the disease shock, or heart is immediate Cause (Finel disease) or condition resulting in death)	ea, or co fallure. L	let only one	engesti	ive \neq	tenter the	SING	SUN ing, auc	M	D. 210	11		Approxima Interval Be Oneet end
TIFICATION	IMMEDIA/E CAUSE (Finel disease) or condition resulting in death) Sequentially liet conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	fallure, Li	DUE TO	O (OR AS A CONS	EEOUENCE OF	Cart Clure	Mode of de failure	SUN ing, auc	M	D. 210	11		Interval Be
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditione, if eny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury	b. c. d.	DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EDUENCE OF)	Clure	filuro	SUN ring, auc	h as car	D. 210	11 Iratory and	reat,	Interval Be Oneet end 4b. WERE AUTOPSY FIR AVAILABLE PRIOR I COMPLETION OF CO
AN: MEDICAL CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially liet conditione, if eny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	b. c. d.	DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EDUENCE OF)	Cluze in the under	filuro	SUN,	h as car	21.9 diac or reepi	11 Iratory and	reat,	Interval Be Oneet end 4b. WERE AUTOPSY FINAVAILABLE PRIOR I COMPLETION OF C.
SICIAN: MEDICAL CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially liet conditione, if eny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. c. d.	DUE TO DUE TO CONTRIBUTING TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE OF)	RT ot enter the	filuro	GIIN given in	Part I.	24a, WAS AN PERFOI 1 YES 2	11 Iratory and	reat,	Interval Be Oneet end 4b. WERE AUTOPSY FIR AVAILABLE PRIOR I COMPLETION OF CO
HYSICIAN: MEDICAL CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially liet conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other eignificant or examiner? 1 Yes 2 No 27. MANNER OF DEATH	b. c. d. onditiona	DUE TO DUE TO DUE TO DUE TO Contributing to Inpatient 2 28a. DATE O	O (OR AS A CONS	EOUENCE OF) To a country of the cou	Cart section to the under	filluro Ailuro Rowe Ilying cause	GIIN given in	Part I.	24a, WAS AN PERFOI 1 YES 2	AUTOPSY MMED?	24	Interval Be Oneet end 4b. WERE AUTOPSY FIR AVAILABLE PRIOR I COMPLETION OF CO
PHYSICIAN: MEDICAL CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially liet conditione, if eny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other eignificant or cause. The condition of the	b. c. d. onditiona	DUE TO DUE TO DUE TO DUE TO Contributing to MORE TO (MORE)	O (OR AS A CONS	EQUENCE OF) Treculting in 3 DOA 28b. Time	Corper Service Management of the under	Acceptable of desired	GITN given in	Part I.	24a, WAS AN PERFOI 1 YES 2	AUTOPSY MMED?	24	Interval Be Oneet end 4b. WERE AUTOPSY FIR AVAILABLE PRIOR I COMPLETION OF CO
TED BY PHYSICIAN: MEDICAL CERTIFICATION	immediate cause (Finel disease or condition reaulting in death) Sequentially liet conditione, if eny, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other eignificant continues the examiner? 1	b. c. d. onditiona	DUE TO DUE TO DUE TO DUE TO Contributing to (Month, Month, M	O (OR AS A CONS	EQUENCE OF) Treculting in 3 DOA 28b. Time	Corper Service Management of the under	Acceptable of desired	GITN given in	Part I. eck only o 8 Oth 28d. DE	24a, WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	2/	Interval Be Oneet end 4b. WERE AUTOPSY FIR AVAILABLE PRIOR I COMPLETION OF CO
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TO BE COMPLETED BY FIINE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPURIANT: IT IREIT 20 15 MAKAGO, OF IREIT 23 SROWS ARY INJURY, OF OTHER ITAUMATIC EVERT, THE MEDICAL EXAMINER MUST DE NOTIFIED AT ONCE.
í	
	be filed within 72 hours after death with the State Deat of Health and Mental Hyniene prior to bunal, cremation or removal
he funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	The same of the sa

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEOENT'S NAME (First, Middle, Last) CHARLES	N. KINGERY				2. DATE OF GEATH MONTH DAI NOVEMber	13.1991	3. TIME OF DEATH				
1	4. SOCIAL SECURITY NUMBER 719-03-8980	1X M 2 F 7		F UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/23/91	8. BIRTI Count	IPLACE (State or Foreign y) irginia				
TOH	96. FACILITY NAME (If not institution, give stands of the control	nreet end number)	9		Aberdeen 9c. country of DEATH Harford							
DIRECT	10e. STATE 10b. COUNTY	rford		rown on Locat				10d. INSIDE CITY LIMITS? 1X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 626 Aberdeen Th	riway		101	21001		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES GIVE WAR OR ON WW I	2 NO	It yee, spe	ENDENT OF HISP ecify Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yee cen, Puerto Ricen, etc.)	or No— 14. RACI Black Spec. Whi	E — American Indian, k, White, etc.				
LETED	t5. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondery (0-12)	ATION	tae. OECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos	N st of working	16b. KINO OF BUSI	NESS/INOUSTRY					
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	4	Ballisti	c Resea		U.S. G						
BE C	Charles H. Kin	gery			Mary	G. Kingery						
5	190. INFORMANT'S NAME (Type/Print) Mrs. Mevsa T. K	i ngery				Aberdeen,		1				
	20e. METHOD OF DISPOSITION t Burlel 2 □ Cremetion 3 □ Remo	20b.	PLACE AND DATE OF D	DISPOSITION (Na	ne of	DATE 20c. LOC	ATION — City or To	wn, State				
	Grove Presbyterian Cem. 11/16 Aberdeen, Maryland 22. NAME AND AGORESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399											
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, enterty all limited and provided the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, interval Betwoen the disease or condition resulting in death) 2. Approximate interval Betwoen the disease or condition are caused that deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the disease of condition are caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, and the deeth disease or condition.											
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente resulting in deeth) LAST	ediate YING JUPY CONSEQUENCE OF) OUT TO (OR AS A CONSEQUENCE OF)										
51	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO											
PHYSICIAN: MEDICAL	C-Orental control	7				1 O YES	-MG	OF DEATH? 1 YES 2 NO				
SICIA		HOSPITAL:		26. PL/ THER:	ACE OF DEATH (C	heck only one) 8 Other (Specify)						
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJU	RY AT	28d. OEŞCRIBE HOW IN.	JURY OCCUREO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	At home, term, atree	et, tectory, office								
COMPLETED	290. CERTIFIER Check only 2 MEDICAL EXAMINER	IAN: To the beet of my knowle : On the beels of examination	edge, death occurred a	t the time, date on my opinion, de	and place, end du	e to the cause(e) end menn e time, date end piece, end	er ee stated.	end menner se stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	nus	· W		V 19	MBER 951	29d. OATE SIGNEO	(Month, Day, Year) - 9				
		M.D. 1001	Cromwell		Road,	Towson, Mary	land 21	204				
	31. OATE FILEO WORD COV 2000 199	32. REGISTRAR'S SIGNA Julia David	Won-Randell									

1. DECEDENT'S NAME (First, Middle Lewis SR. 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 413-16-4745 MIN. YRS 9e. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH DIRECT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MO HARFOND ABERDEEN FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE POST 21001 2020 the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 YOO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS BALTIMORE. MARYLAND 21215-0020 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced 11 use as COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

16a DECEDENT'S USUAL OCCUPATION

16a deceded working most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) for College (1-4 or 5+) page 5 should be detached Military once. 17. FATHER'S NAME (First, Middle, Last) 20 Lewis Miller BE Flossie Grav notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Mrs. Johanna Miller 314 Post Road, Aberdeen, pe 20e. METHOD OF DISPOSITION

M☐ Burlel 2 ☐ Cremetion 3 MRemoval from State
4 ☐ Donetion 5 ☐ Other (Specify) must 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Arlington National Cemetery 11/19 Arlington, Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE by the f Aberdeen, Maryland 21001-3399 medical filled in by ti 23. PART I. Enter the diseases, or compile tions that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition cremation AWIE CURONAMY and completely ALTENY reaulting in deeth) traumatic event. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) prior to burial, AsWD. CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) attending physician other P.O. thet initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 00 the atter injury. DIVISION OF VITAL RECORDS. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. e Dept. of Health and M m 23 shows any injt MEDICAL COPD - CHE PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The Jaw 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the State OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF marked, 1 Natural NAM BY NA Investigation 2 Accident 28e. PLACE OF INJURY - Al home, farm, street, factory, office 3 Suicide COMPLETED 8 Could not be determined item 28 4 Homicide MA 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner ee stated IMPORTANT: If 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1810

32. REGISTRAR'S SIGNATURE while Davidson-Randall

BELAIR NO

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31. DATE FILED (Month, Day, 100 15 9

FOR STATE REGISTRAR

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STATE OF MARYLANO / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH 3. TIME OF DEATH YEAR 31 A 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) IN -9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. WHITE U.S. Army 18. MOTHER'S NAME (First, Middle, Maiden Surname) Maryland 20c. LOCATION — City or Town, State 22. NAME AND ADDRESS OF FACILITY
Tarring—Cargo Funeral Home, P.A. Approximate Interval Between **Onaet and Death** DISCASE 1 1/12 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 021809 11.12-91.

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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TDR. After this certificate has been signed by the attending obysician and completely filled in the
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31. DATE PILED (MONTH, DO) NOV 18 '91

(Oriboth Unity	N: To the best of my knowledg							menner as stated.			
27. MANNER OF DEATH 1											
1 YES 2 100 1	IOSPITAL:	nt 3 🗆 DOA 4	THER:		8 Other (Specify)						
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO											
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events raculting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):											
21. SIGNATURE OF FUNERAL SERVICE ICENSEE 22. NAME AND ADDRESS OF FACILITY CURRAN FUNERAL HOME 308 HIGH STREET, CAMBRIDGE, MD. 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
208. METHOD OF DISPOSITION 1X) Burtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelary, crematory or other place) EAST NEW MARKET CEMETERY 1DATE 0 20c. LOCATION — City or Town, State 11/20 1991 EAST NEW MARKET, MD.											
JAMES ELMER CON 19a. INFORMANT'S NAME (Type/Print) SON: DAVID WAYNE EL				d Number or Rural F	Route Number, City or	Town, State, Zip C					
8th GROUP LEADER ELECTRONICS 17. FATHER'S NAME (First, Middle, Last) JAMES ELMER CONDON BESSIE MARSHALL											
15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INOUSTRY life. Do NOT use retired.)											
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No — 14									
10e. STREET AND NUMBER 203 RAMBLER ROAD				ZIP COOE 21613			S.A.	COUNTRY?			
10a. STATE 10b. COUNTY	HESTER		OWN OR LOCATION			-	INSIDE CITY LIMITS? YES 2 NO				
DORCHESTER GENERAL RESIDENCE OF DECEDENT			CAMBR		nu -		HESTE	3			
	□ M 2 🗶 F 69	YRS. MO	THS DAYS	HOURS MIN.	(Month, Day, Year, 12/24/1	Country) MARYL Y OF OEATH					
EDTTH MAE MASON 4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In vo	: last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	MONTH 11 7. OATE OF BIRTH	16 199		45 p			
Committee of the Commit											

Randell

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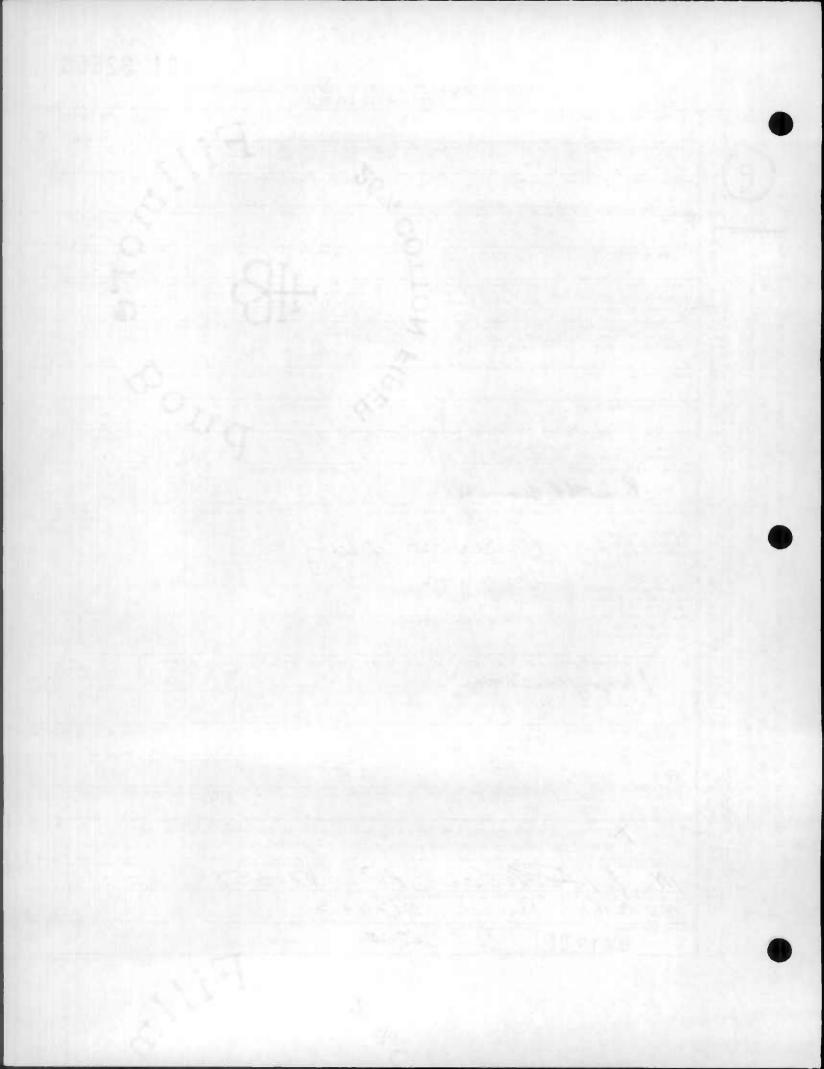
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be flied within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	DICAL CERTIFICATION TO BE COMPLETED BY FUNER
DIVISION OF VITAL RECORDS, P.O.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or o	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE	STATE OF N	MARYLAND /	DEPAR					MENTAL	HYGIEN	E	3	2330
	1. DECEDENT'S NAME (First, Middle, Last)			ERIII	ICAIL	_ 01	DLA	111	2 DATE	OF DEATH		13	TIME OF DEATH
		ו מרוזים	IDCE I	שמת	C				MONTH	DA		YEAR	
3	RALPI 4. SOCIAL SECURITY NUMBER	H ELDR	6. AGE (In yrs. las	PARK	IF UNDER	4 VEAD	IF UNDER	2.04.6000	7. DATE O		199		:30 pm M
	215-20-2514	3. 3EA ★ M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	24	Country)	
			67	1110.		-				11 19		Mary	land
-	9a. FACILITY NAME (If not institution, give		-				OR LOCATI		EATH				
0	209 Sandy I	Hill Roa	ad			amr	rid	ge			1	orch	ester
E.	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN C	OR LOCAT	TION					10	d. INSIDE CITY
DIFECTOR	MD. Do	orcheste	er		Camb	rid	lge				1	LIMITS?	
	10e. STREET AND NUMBER					101	. ZIP COD	E			10a. CITI		AT COUNTRY?
FUNERAL	209 Sandy H:					1613	3			U.S.	U.S.A.		
N I	11. MARITAL STATUS	12. WAS DECEDEN		OMEO	12	WAS DEC				? (Specify Yea	or No.		- American Indian,
	1 Never Married XX Married	FORCES?	X YES 2			If yes, sp	ecity Cubi	nn, Mexice	m, Puarto R		01110	Black, V	Vhite, etc.
BY	1 Never Married XIX Married IF YES, GIVE WAR OR DATES 1 YES XIX NO Specify WW TT											Specify:	hite
ED	15. DECEDENT'S EDI	UCATION	16a. Di	ECEDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BUS	SINESS/IND	USTRY	
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	(C	live kind of a. Do NOT u	work done se retired.)	during mo	ost of worki	ing					
7	7	Conege (1-4 of 5	cak	oine	t ma	aker	:/ca	rper	nter	sh	ipya	ard	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						1			liddie, Maiden	Surname)		
	Ralph	Jacob	Parks	2					arv			McC	OV
BE	19a. INFORMANT'S NAME (Type/Print)	Odeob			G ADDRES	S (Street i	and Numbe		- ela	er, City or Tow			,01
일	Charles W.	Darks								bridg			613
		Ediks	20h PLACE			-			, cam.	-			
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Md. Veterans Cemetery 20b. LOCATION — City or Town, Stata Hurlock, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Thomas Funeral Home 700 Locust St. Cambridge Md.21613												
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such se cerdiac or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. Approximate interval Between Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
4													VERE AUTOPSY FINOINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	Trypical Carcin Performed? 1 Yes 2 NO NO NO NO NO NO NO												
CIAN:	25. WAS CASE REFERRED TO MEDICAL	T				20.5	H ACE OF	DEATH /	heck only or	-01			
C	EXAMINER?	HOSPITAL:	0		OTHE		LAUE UP	DEATH (C	neck only or	10)			
YSI	1 NES 2 NO		☐ ER/Outpatient	1		1		Residence	6 Othe				
H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF	W	JURY AT		28d. OE	SCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigation				101		YES 2	□ NO					
ED	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE building	OF INJURY — At ? I, etc. (Specify)	nome, farm	, street, fac	ctory, offi	ce		281. LOC City	ATION (Street or Town, State	and Numbe)	r or Hural Ho	ute Number,
PLET	20. CENTIFIED \	SICIAN: To the best of	of my knowledge, o	death occu	rred at the	time, dat	te and plac	ce, end du	a to the ca	use(s) and mi	inner as sta	nted.	
COM	one) 2 MEDICAL EXAMI		exemination and/o	r Investigat	lon, in my	opinion,				and place, a			and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CENTURY MCCLEST F	telle	En	0/	MP		29c. Li	26	38	8	29d. DAT	il/17/9	Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAN	OCK HEATH (IT	EM 27) (Ty)	Desprine)	64	3						

32. REGISTRAR'S SIGNATURE
Graha Davidson-Randell

31. DATE FILED (Month, Day, Year)
NOV 19

'91



	91-6363-013 FOR 1- STATE REGISTRAR	STATE OF M	ARYLAND /	DEPARTME	NT OF H	EALTH	AND I	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) Deborah 4. SOCIAL SECURITY NUMBER	5. SEX	Sue		Pres	ton		REG. N 2. DATE OF DEATH MONTH 1 1 0 7	DAY	YEAR	12:56 A M	
	217-76-2908 9a. FACILITY NAME (If not institution, give s	1 □ M 2 🂢 F	6. AGE (In yrs. lest	YRS. MONTH	DER 1 YEAR IS DAYS	HOURS OR LOCATION	MIN,	7. DATE OF BIRTH (Month, Day, Year) O 1 25 1 ATH	961	Country)	ACE (State or Foreign	
PIRECTOR	ROUTE 279 (W) RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	& Airpoi	et Road	10c, CITY, TOW	N OR LOCAL	- Constitution			Cec		od. INSIDE CITY	
	Maryland Ceci 10. STREET AND NUMBER	1		E1kto		. ZIP CODE			10g. CITIZ	1	LIMITS? YES 2 X NO T COUNTRY?	
BY FUNERAL	42 St. Michae 11. MARITAL STATUS 1 Naver Married 2 X Married 3 Widowed 4 Divorced	MED O	2 1 9 2 1 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — An Black, Whit 1 YES 2 N NO Specify:									
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
00	17. FATHER'S NAME (First, Middle, Last)						ER'S NAI	ME (First, Middle, Maide		ICI.II	.s Compan	
BE	ISSAC 19a. INFORMANT'S NAME (Type/Print)	Blevir				Ru			tche			
5		reston						loute Number, City or To				
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF DISF	MICh a	me of	s_C	DATE 20c. L	Kton.			
	1 □ Burial 2 X Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	wal from Stata	Silve	natory or other pla	c Cre	emat	orv					
	21. SIGNATURE OF FUNERAL SERVICE LUCTURES Silverbrook Crematory 11-8 Wilmington, DE. 22. NAME AND ADDRESS OF FACILITY R.T. Foard Funeral Home											
	of the	-//			318 0	ora	a St	Chagar	0.210	City	MD 21915	
	23. PART I. Enter the inseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, immediate CAUSE (Final disease or condition).											
7	resulting in death)	Thermal Injuries and injury to back DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.											
CERTIF	CAUSE (Disease or injury that initiated avants resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to d	lasth but not ra	sulting in the	undariying	causa g	ivan in f	Part I. 24a. WAS A PERFO	RMED?	AW CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DE	ATH (Che	ck only one)				
TYS	1 YES 2 NO	1 Inputient 2 I			lursing Home			X Other (Specify) O				
	1 Natural 5 Sharing	(Month, Day	; Year)	INJURY	28c. INJU		NO.	28d. DESCRIBE HOW				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	building, a	1991 INJURY - At hom ic. (Specify) treet	12:56 ^M / ₁₀ , farm, street, f				281. LOCATION (Street City or Town, State	and Number of	Rural Route	L Co., Md.	
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSI	IAN: To the best of m	y knowledge, daa	th occurred at the	time, data y opinion, de	and place,	and dua t	o the cause(a) and ma	nner as stated	i.	d mannar as statad.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	well.	OF DEATH (ITEM	27) (Type, Print)		29c, LICEN	SE NUMI		29d. DATE :		onth, Day, Year)	
		orell.	MD 1	11 Per	in St	reet	. F	Baltimor	e Mar	ylan	ad 21201	

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a tea ear of the state of the state of

 IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

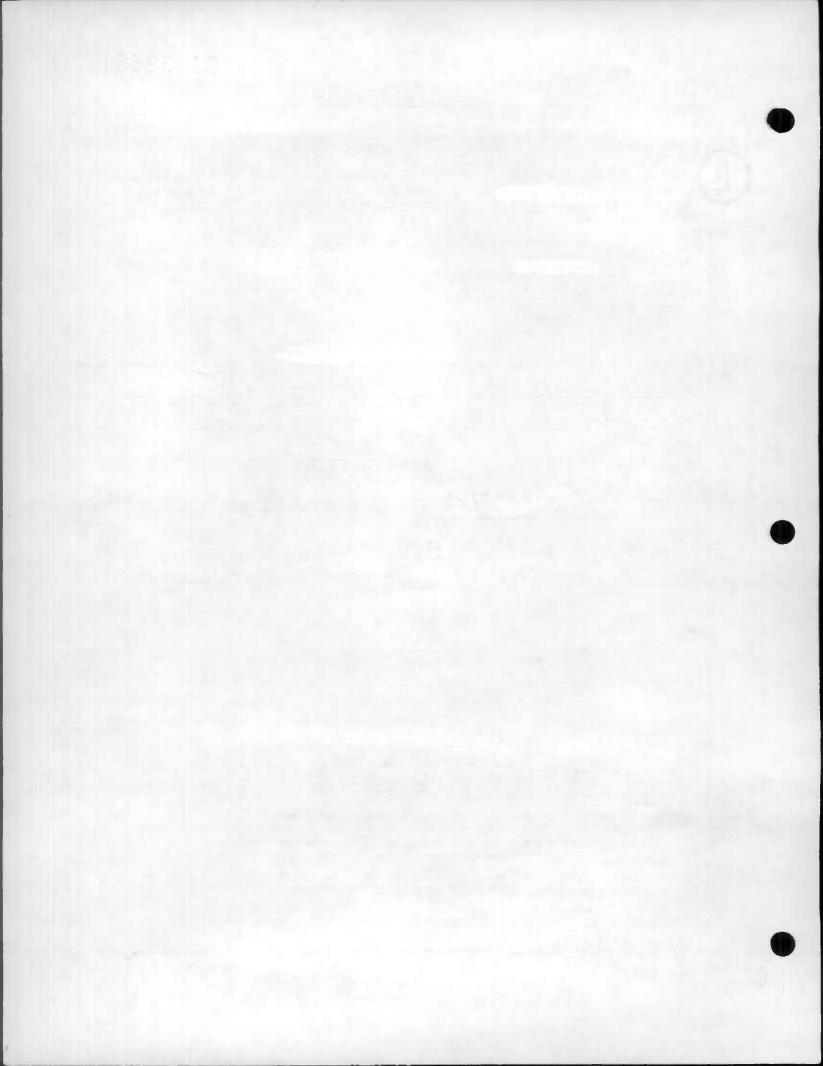
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last) ROSA BELL	RANSOM	2. DATE OF DEATH MONTH DAY
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR	11011

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH		
ROSA	BELL	RANSO	М						NOV. 14		YEAR	5:00 P.M		
4. SOCIAL SECURITY NUMBER 579-20-607		5. SEX	8. AGE (In yr	s. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day Year) 03-20-19	,	8. BIRTI	HPLACE (State or Foreign tr) Trginia		
9a. FACILITY NAME (If not in					9b. CITY	Y, TOWN	OR LOCATI	ON OF DE	EATH	9c. COU	NTY OF E			
8505 Timot	9	ad			Brandywine						ince	Georges		
RESIDENCE OF DEC	10b. COUNT	Y		100 017	TV TOWN	001001	71011							
Maryland	Princ	ce George	's	100, (1)	Brandywine					10d. INSIDE CITY LIMITS? 1 \sum YES 2 \times\text{2}				
8505 Timot		ad				10	ZIP COD	613		10g. CIT	USA			
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Olvo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	X NO	DENDENT CONTROL OF CON	F HISPAN In, Maxica Specify	HC ORIGIN? (Specify Yas n, Puarto Rican, atc.)	or No-	Blac	E — American Indian, ik, Whita, atc.				
15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	161	. DECEDENT'S	USUAL O	CCUPATI during m	ON ost of working	107	16b. KIND OF BUS	INESS/INI	DUSTRY			
Elamentary/Secondary (0)-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u			30, 0, 0,0,0	,9	Home					
17. FATHER'S NAME (First, M. John J. Fo							18. MOT		ME (First, Middle, Maiden : Catherine (
Betty Peed				19b. MAILING	ADDRESS	s (Street	Roac	or Rural F	Candywine,	Md.	206]	13		
20a. METHOD OF DISPOSITI	n 3 🗆 Rem (Specify)		20b. PLA	Paul 9	of dispos	nete:	ame of		DATE 200. LOC 11-17 Bac			own, Stata		
21. Skludie Wichael Blankenship M00857 Michael Blankenship M00857 Mo0857 Mo										24 0156				
iMMEDIATE CAUSE (Findisease or condition reaulting in death) Sequentially list condition arms, leading to immediate cause. Enter UNDERLYI CAUSE (Disease or injuithat initiated avanta reaulting in death) LAS	dona, diata NG ry	Caro OUE TO	OR AS A CONTOR AS A CONTOR	NSEQUENCE O	ar	te e :			iseese ioxeler	s all	pri ic	intarval Batween Onset and Dasth		
PART II. Other aignifica	nt condition	s contributing to	death but n	ot reauiting	in the un	nderiyin	g cauaa ç	jivan in	Part I. 24e. WAS AN / PERFORI	MED?	24b	D. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO EXAMINEN?	MEDICAL	HOSPITAL:			OTHER	₹:			sck only one)					
27. MANNER OF DEATH 1 Natural 5 1	Pending Investigation	1 Inpatient 2 28a. DATE OF (Month, Da	INJURY	28b. TIM		28c. INJ	URY AT		6 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCC	CURED			
3 Suicide 6 🗆	Could not be determined	28a. PLACE Of building,	F INJURY — A etc. (Specify)	1 home, farm, s	stree1, fact	ory, offic	•		281. LOCATION (Street as City or Town, State)	nd Number	or Rural F	Route Number,		
									to the cause(a) and man			i) and manner as stated.		
29b. SIGNATURE AND TITLE	OF CERTIFIEF	nuc	m;				29c. LICE	NSE NUM	BER 7 G	29d, DATI	E SIGNED	(Month, Day, Year)		
30. NAME AND ADDRESS/OF	PERSON WHI	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type.	Print)	OF.	TON.	DR	LARCE	1) 1	10	20772		
31. DATE FILED (Month, Day, 1	91	32. REGISTRA	1		12						,			

1 - STATE REGISTRAR

		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F DEATH DA	v	YEAR 3	. TIME OF DEATH
0		Paul J.	Rear	don							11	_	0	91	1:20 pM
1		4. SOCIAL SECURITY NUMBER 222-22-14		5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH Day, Year) 1 28	. 19	8. BIRTHPL Country)	ACE (State or Foreign
1	2	9e. FACILITY NAME (# not in					9b. CITY, TOWH OR LOCATION OF DEATH							NTY OF DEA	тн
1	學	118 El	kmore	Rd.			Elkton							ecil	
30es	H.	104. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN O	A LOCA	TION					.1	Dd. INSIDE CITY LIMITS?
permit. P	Pin -		Cec	il		Elk	ton	1							☐ YES 2 NO
nit per	RAL	10e. STREET AND NUMBER		n 3				10	r. ZIP CODI				10g. CITI		AT COUNTRY?
physician. burial-transit	FUNER	118 E1kr	nore.	12. WAS DECEDE	NT EVER IN U.S. AF		13. 1	NAS DEC	219		NIC ORIGIN?	(Specify Yee	USA 14. RACE -	- American Indian,	
ding phys	₽¥	1 Never Merried 2 3 Widowed 4 Divo			1 X YES 2 WAR OR DATES							cen, etc.)	Specify: Whi	Mhite, etc.	
use as	9	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(6	CEDENT'S	vork done o	CUPATI furing me	ON ost of working	ng	18b.)	CIND OF BUS	SINESS/INC		
spital or hed for t	APLET	Elementary/Secondary (0)-12)	+}	Surv					E	ronw	Eng. L	Inion Fra U	nion	
by the hospit be detached at once.	E COMPL	17. FATHER'S NAME (First, M		rdon Si	r.						ME (First, Mid / Hil		Surname)		
5 should notified	00	19e. INFORMANT'S NAME (7 -	b. MAILING	ADDRESS	(Street			Route Numbe		n, State, Zip	Code)	
ay be ret page 5 s	5	John T. Re	ardon	- bro	ther 4	27 N	1. B	rad	ford	d St	. Do	ver,	De.	199	01
e 6 may ector, pa must b		20e. METHOD OF DISPOSIT 1) Burlel 2 Cremetic	on 3 🗆 Rem	oval from State	20b. PLACE other p	lace)								City or Town	
director.		4 ☐ Donetion 5 ☐ Other 21. SIGNATURE OF FUNERA		CENSEE	be. V	eter	ans	Me NAME A	M ADDRE	eme	tery		Rear	, De	19701
after death. P by the funeral smoval. Ical examin		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M. A. Mealey & Sons Inc.													10005
	X	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,													Approximata
within 27. pletely fill cremation, rent, the		ahock, or heart failure. List only one cause on each line. Interval Be Onset and disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													Onset and Death
be execution and or to bur aumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Industry).													
death certificate attending physice ental Hygiene physical IV, or other to	SERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.													
that the ed by the th and M	ICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 □ YES 💥 NO											VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
law requals been been of 23 sho	AN	or who does presents 3	20 MEDIONI	1											
SICIAN: The law is certificate has be in the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER? 1 ☐ YES 2 ☒ NO	O MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHEI	₹:			8 🗆 Other				
NG PHYSICI fter this cer sath with th marked, o	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28e. DATE C (Month,	OF INJURY Day, Year)	28b. TIA	IE OF JURY M	W	JURY AT ORK? YES 2 [□ NO	26d. DE\$0	PIBE HOW	INJURY OC	CURED	
DR ATTENDING I DIRECTOR: After hours after death tem 28 Is mar	TED	2 Culates -	Could not be determined	28e. PLACE building	OF INJURY — At h g, atc. (Specify)	ome, farm,	street, faci	lory, offi	Ice			TION (Street Town, State		r or Rural Ro	ute Number,
로 기자 는	COMPLE	Ope)		ER: On the basic of											end menner ee stated.
E FUN	Ü,	296. SIGNATURE AND THE	E OF PERTIFIE	ER .						ENSE NU		7	29d. DAT	TE SIGNED (Month, Day, Year)
TO THE HOSPITA TO THE FUNERA De filed within ?	0 8	1	m						-MD	-02	9666	-E	1	11/12/	71
	1	30. NAME AND ADDRESS												, ,	
		Dr. Andrew Uri Veterans Hospital 1601 Kirkwood Highway Wils													
	- 8	NOV	12'91		dia Briefs	· %	1 00							‡	9805
3				0	THE PARTY OF THE P	to the									DHMH-18 Rev 1/8



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

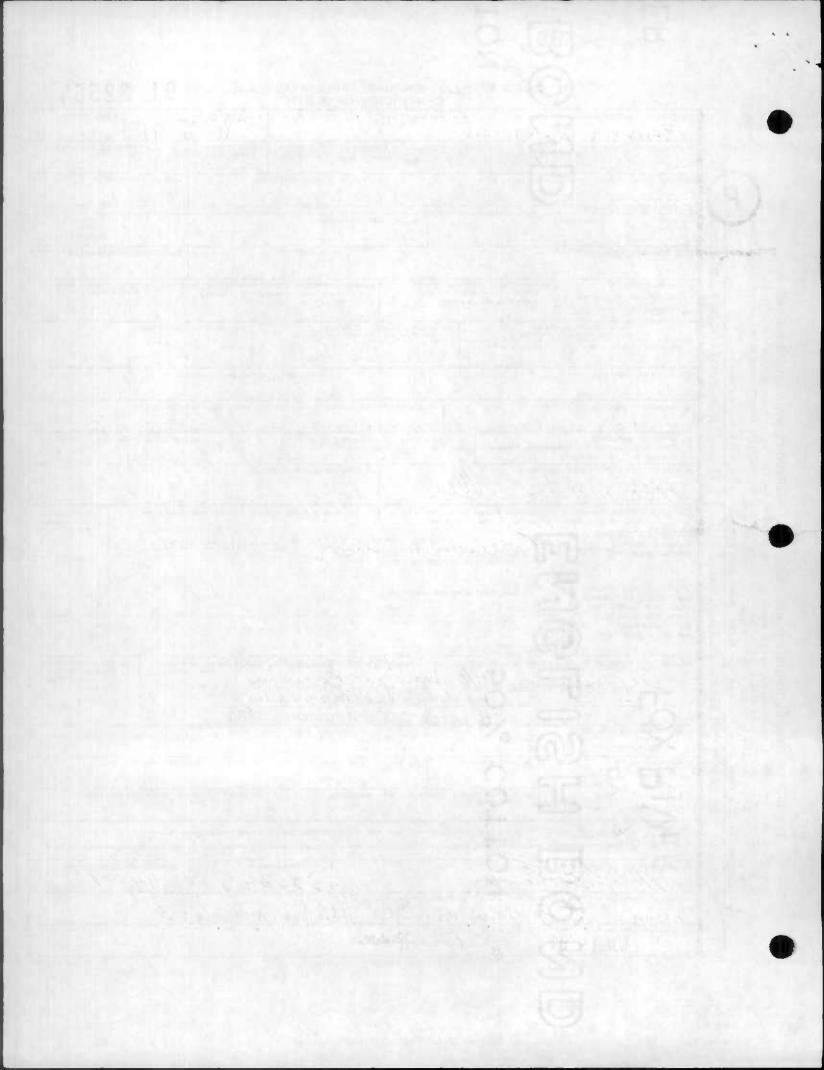
1. DECEDENT'S NAME (First, ROBERT	Middle, Last) HAROL	D STUR	GILL						2. DATE OF DEATH MONTH NOV. 7,	1 991	YEAR	3. TIME OF DEATH 4:10 AM	
4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH		a. BIRTI	IPLACE (State or Foreign	
219-14-17:	14	1 🔀 M 2 🗌 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 11,	1926	Nor	th Carolina	
90. FACILITY NAME (If not in 320 Conowing)				4	9b. CITY, TOWN OR LOCATION OF DEATH CONOWINGO CECI.						ecil	DEATH	
RESIDENCE OF DEC	10b. COUNT	v		I 40 : 017	10c. CITY, TOWN OR LOCATION								
Maryland		cil			onow.	ingo)					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
320 Conowij	ngo Ro	ad				10	1. ZIP COD 21	918		10g. Ci	USA	OF WHAT COUNTRY? A	
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olvo			MAR OR DATES	NO ON	- 1	l yes, sp		n, Maxice	NIC ORIGIN? (Specify Yon, Puarto Rican, etc.)				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Sine kind of work done during most of working													
(Give kind of work done during most of working College (1-4 or 5+) College (1-4 or 5+) 12 College (1-4 or 5+) 12 US—government													
17. FATHER'S NAME (First, M Dennis McK	night	Sturgil	1				18. MOT	HER'S NA	ME (First, Middle, Meide May Wood	n Sumame) 1e			
190. INFORMANT'S NAME (I									Route Number, City or To		(p Code) 2191	.8	
20e. METHOD OF DISPOSITION Semoval from State 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place) 20c. Location - City or Town, State 20c. Location - City											·		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 2100											Home, P.A. Md. 21009		
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	esert fellura.	a. RIG	or as a cons	EEOUENCE	NG PI ET				th as cardiac or res		rreat,	Approximats Interval Batwaen Onset and Dasth 6/85	
CAUSE (Disease or injuithst initiated events resulting in death) LAS		DUE TO	O (OR AS A CONS	EQUENCE O	OF):								
PART ii. Other significa	ant conditio	ns contributing to	o death but no	t reaulting	in the un	derlylr	ng causs	given in		N AUTOPS	24	b. WERE AUTOPSY FINDINGS	
										ORMED?		AVAILABLE PRIDR TO COMPLETION OF CAUSE	
	Other								1 TES	2 NO		OF DEATH?	
	-								- 4			1 125 2 20 110	
25. WAS CASE REFERRED 1	TO MEDICAL	1		_		26. P	PLACE OF S	DEATH (C)	neck only one)				
EXAMINER?		HOSPITAL:	□ EB/Outpetlant	3 🗆 DOA	OTHER	₹:	- /						
27. MANNER OF DEATH		28e. DATE O		28b. TIR	1	28c. IN	JURY AT	maidence	8 Other (Specify) 28d, DESCRIBE HOV	INJURY O	CCURED		
2 Accident	Pending Investigation Could not be	28e. PLACE	OF INJURY — At	home, ferm,	atreet, fect	ory, offi	7617	NO NO	281. LOCATION (Street Cify or Town, Sta		er or Rurai	Route Number,	
4 Homicide	detarmined												
(Check only													
29b, SIGNATURE AND TITLE	Sm	T N.	n.D.				29c. LIC	318	A	29d. D/	TE SIGNE	7 19 1	
D. SH	F PERSON W	MA-	3102	TEM 27) (Typ	e, Print)	nF	m	PI	ARK I	DRI	UE	BACT.	
31. DATE FILED (Month, Day,	7018 '9	32. REGISTR	uns signature	son-Pa	ndell								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR	SIAIL OF MANTE	CERTIFICA	TE OF DEATH	MENIAL HYGIENE REG. NO.	1 36	563
1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SEQUENTY NUMBER	THE PARTY OF THE P	Smith	?	2. DATE OF DEATH MONTH DAY	199 YEAR	3. TIME OF DEATH A
213-28-5830	5. SEX 6. AGE (1	in yrs. last birthday) IF UI YRS.	HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/28/04	8. BIRTH Countr Mary	PLACE (State or Foreign
10. STREET AND NUMBER 420 Hiob Lane	emorial	Hosp 4	TAME OF		ec. COUNTY OF D	
100, GTATE 100, COUNTY	ford	10c. CD, TOV	VN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER			101. ZIP CODE	1	10g. CITIZEN OF W	
420 Hiob Lane	12. WAS DECEDENT EVER IN	I II S ADMED	21001		U.S.	
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPA ff yes, specify Cuban, Maxie 1 YES 2 NO Speci	can, Puarto Ricen, atc.)	No- 14. RACE Black Speck Whi	— American Indian, t, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USUA (Give kind of work de	one during most of working	16b. KIND OF BUSIN	-	
Elementary/Secondery (0-12) UNK	College (1-4 or 5+) UNK	Homemake	er	IN home		
17. FATHER'S NAME (First, Middle, Lest) Beauregard Sea	ars			AME (First, Middle, Maiden Sur lie Belle Tr		
190. INFORMANT'S NAME (Type/Print)	als.	19b. MAILING ADDR	RESS (Street and Number or Rura			
Mrs. Eileen She	rry			-	21001	
20a. METHOD OF DISPOSITION 1XC Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	vaf trom Stata 20b.	PLACE AND DATE OF DIS Very Crematory or other pla LALE MEMOI	POSITION (Name of		ON - City or To	
21. SIGNATURE OF FUNERAL SERVICE LICE		1 = 0 - 0	22. NAME AND ADDRESS OF F Tarring—Carg Aberdeen, Ma	o Funeral Ho	me, P.A	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST		COMBEQUENCE OF)	wonga	mer		Onset and Date
PART II. Other significant conditions	contributing to death bu	at not resulting in the	underlying cause given in	Pert I. 24a. WAS AN AUTPERFORMEI	Ao	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	28. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	Inpatient 2 ER/Outpa		Nursing Homa 5 Residence			
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	26d. DESCRIBE HOW INJU	HY OCCURED	
3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY building, atc. (Specif	At home, ferm, street,	factory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Re	oute Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the beat of my knowle : On the resis of examination	edge, death occurred at the	ne fima, data and place, end du ny opinion, death occured at the 29c. LICENSE NU	s fima, date end place, end di	us stated. us to the ceuse(s)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type: Print)	wheel Ku	20 60	CA MI	27/10/15
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		e (at)		40.3

9	1. DECEDENT'S NAME (Fin		50000		CERTIF	OK L.			2. DATE OF OEATH	DAY	YEAR 3.	TIME OF DEATH
	FREDER	71.3	Deami							6 4		4:351
	4. SOCIAL SECURITY NUM		5. SEX		rs. lest birthday)	MONTHS 1	YEAR IF UND DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreig
-	215-07-942		1 M 2 F	7	8 YAS.				Octoberl	9,191	Nort	hCaroli
1	9a. FACILITY NAME (If not					9b. CITY,	TOWN OR LOCA	TION OF DE	ATH	9c. COUN	NTY OF DEAT	Ή
Ha	Dorchester	Gener	al Hospit	al		Cami	bridge			Do	orches	ter
- 3	RESIDENCE OF DE	7										
H	10a. STATE	10b. COUNT				TY, TOWN OF	LOCATION				10	d. INSIDE CITY LIMITS?
PIG.	Maryland		chester		Hu	rlock					1	YES 2XXNO
- F.	10e. STREET AND NUMBE						10f. ZIP CO	DE		10g. CITIZ	ZEN OF WHA	T COUNTRY?
EB	6406 Suic	ide Br	idge Road				2	21643			U	SA
FUN	11. MARITAL STATUS		12. WAS DECEDEN			13. W	AS DECENDENT	OF HISPAN	IC ORIGIN? (Specify	Yea or No-	14. RACE -	American Indian, /hite, etc.
	1 Never Merried 2		FORCES? 1 IF YES, GIVE W	AR OR DATE			YES 2 XN		n, Puarto Rican, atc.)		Specify:	
ВУ	3X Widowed 4 Div	rorced	T W	WII								White
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once. COMPL	17. FATHER'S NAME (First,	Middle, Last)					16. MC	THER'S NAM	ME (First, Middle, Maid		-	
ш	Michael Se	aman						Marv	Ischer			
E E	19a, INFORMANT'S NAME	(Type/Print)			19b. MAILING	G ADDRESS			loute Number, City or	Town, State, Zip	Code)	
TO B	Larry A. Se				1				eet, Balt			21202
8	20a, METHOD OF DISPOSI			20h D	LACE AND DAT			- DET		LOCATION -		
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REGISTRAR			V-!!!!!	CALE OF	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Midd	le, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
Norman Wesley	Smith Sr.					MONTH 11	12		YEAR 91	19100 M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTH	PLACE (State or Foreign
219-28-9686	1 N 2 F		58 YRS.	MONTHS DAYS	HOURE MIN.	6-20			Country	aware
9a. FACILITY NAME (If not institution	on, give street and number)		30	9b. CITY, TOW	N OR LOCATION OF D			9c. COUN	TY OF DE	
205 Rivermanor	- Apt			North	Fact		30	Cec:	1	
RESIDENCE OF DECEDE	INT							CEC.	L	
	COUNTY		10c. CITY	TOWN OR LOC	CATION					10d. INSIDE CITY LIMITS?
	cil		Nort	h East						1X YES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE		3510	10g. CITI	ZEN OF W	VHAT COUNTRY?
205 Rivermanor					21901			USA		
11. MARITAL STATUS 1 Never Married 2 Merri	12. WAS DECEDE FORCES?	1 X YES	2 NO		ECENDENT OF HISPA specify Cuban, Mexico			or No-	14. RACE Black	American Indian, c, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE		ES	1 🗆 Y	ES 2 X NO Specif	white	0		Specif	white
15. DECEDEN	T'S EDUCATION		6a. DECEDENT'S U	ISUAL OCCUPA	TION		IND OF BUS	INESS/IND	HETDY	WILCO
(Specify only high	est grade completed)		(Give kind of wi	ork done during .	most of worlding	1000 K	IND OF 803	INESSTIND	OSINI	
Elementary/Secondary (0-12)	College (1-4 or 5		truckdri	ver		gas	s/oil			
17. FATHER'S NAME (First, Middle,			CI GONGIA	VCL	18. MOTHER'S NA			Surname)		
Wilton Smith					Olive			,		
19e. INFORMANT'S NAME (Type/Pr			19b. MAILING	ADDRESS (Street	et and Number or Rural			, State 7in	Code)	
Madeline M. Sm	nith				or Apt.					901
20s. METHOD OF DISPOSITION		20b. F	PLACE AND DATE	OF DISPOSITION	ON (Name	DATE	200 100	ATION	Olty or To	wn Stele
1 X Burlal 2 Cremation 3 4 Donation 5 Dother (Spec		NOT CON	metary, crematory,	metho	dist Cem.	15_9	1 Nor	th Fa	ast	MD
21. SIGNATURE OF FUNERAL SEE		-			AND ADDRESS OF FA		rouch			
1/1/2/9/	11/			127	South Mai					
hoor C	100							_		
23. PART i. Enter the disees shock, or heert	fallure. List only one ca	at caueed t	the deeth. Do no	ot enter the r	mode of dying, suc	ch sa cardie	c or reeple	retory sm	eet,	Approximate
		400 011 000								interval Between
IMMEDIATE CAUSE (Fins)	71	1/								Onset and Deeth
IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Blad	1/	Cano	er						
disesse or condition	a. Blad	1/		er						
disesse or condition resulting in death) Sequentisity list conditions,		O (OR AS A C	Can Consequence of):						
disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate		O (OR AS A C):						
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10 +10A gratu

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a sure death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely niled in by the funeral director, page 5 should be detached for use as the bunal-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NOV 1 8 '91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	1. OECEOENT'S NAME (First,	Middle, Last)						2. OATE	OF DEATH	AY YE	3.	TIME OF OEATH
	Alf	red W.	. Wheatle	У				11	12		An	1:45 A M
	4. SOCIAL SECURITY NUME	DER	6. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR			OF BIRTH	6. 1	BIRTHPLA Country)	CE (State or Foreign
	215 03 414	_	1 M 2 F	87	YRS.			11	/9/04		Mari	<i>yland</i>
1	9e, FACILITY NAME (If not in		CHARLES THE STATE OF				N OR LOCATION OF	OEATH		9c. COUNTY		
0	Greater Bal		<u>Medical</u>	Center	_	Tows	on			Balti	more	
DIRECT	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION				100	I. INSIDE CITY LIMITS?
	MD	Bal	timore		C	ockeys						YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10f. ZIP COOE			10g. CITIZEN		COUNTRY?
New Year	13801 You	rk Roa	d Apt. R	T EVER IN U.S. AF		140 1100 5	21030 DECENDENT OF HIS				USA	
F	1 Never Merried 2	Merried	FORCES?	YES 2 X	NO	If yes,	specify Cuben, Men ES 2 X NO Spi	dcen, Puerto 1		9 of No- 14.		American Indian, hite, atc.
B≺	3 💢 Widowed 4 🗌 Divo	rced	IF TES, GIVE	MAN ON DAIES		'''	ES Z IXI NO SPI	вспу:			Specify:	White
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	James		patleu					nny Ge		Sumame)		
BE	19a, INFORMANT'S NAME (300000	19	b. MAILING	AOORESS (Stre	et and Number or Ru			rn, Stete, Zip Coo	de)	
2	Barbara A.	Lessi	ner		3205	Hawksh	ill Rd.	New W	lindso	r, Md.	217	16
	20e. METHOD OF DISPOSIT	ION	noval from State	20b. PLACE	OF DISPO	SITION (Name of	cemetery, crematory	or		CATION — City		
	4 Donation 6 Other	(Specify)		_ Co	arrol	e Cremo			Har	npsteac	t, Mo	1.
	21. SIGNATURE OF FUNERA	L SERVICE L	CENSEE	4.0		22. NAME	AND AGORESS OF	FACILITY	11:	824 Rei	ste	istown Rd.
	1	Dr	ran lo	nell		Eli	re Funeru	al Hon	ie Re	isterst	town,	Md.21136
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disesse or condition resulting in death)	eart failure.	a, Aspira	uae on each iin	е.		mode or dying, s	such ss care	alac or reap	iratory arrest	,	Approximate interval Between Onset and Death
			DUE TO	OR AS A CONSE	OUENCE O	PF):						11001
NO	Sequentially list condit	tions,	Malnut	rition,	Dehy	dration						Days/Weel
MEDICAL CERTIFICATION	if sny, leading to imme cause. Enter UNDERLY											
FIC	CAUSE (Disesse or injuthat initiated events	IIY	c. Urosep	OR AS A CONSE	OUENCE O	F):						Weeks
H	resulting in death) LAS	T	d									
Ö	PART II. Other significa	nt conditio	ns contributing to	death but not	resulting	in the underl	ving cause given	in Part i	24s. WAS AP	LAUTOPSY	24b W	RE AUTOPSY FINDINGS
CA	Advanced a						ing caeco given		PERFO	RMED?	AM	MILABLE PRIOR TO IMPLETION OF CAUSE
ED		-30						_	1 [/] YES	Z [] NO	-	DEATH?
-												_ 123 2 1 110
AN	25. WAS CASE REFERRED 1	O MEDICAL					. PLACE OF DEATH	(Check only or	ne)		1	
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing I	lome 5 🗆 Reelden	ice 6 🗆 Othe	or (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 X Natural 5 2 Accident	Pending Investigation		F INJURY Day, Year)	26b. TII	JURY	INJURY AT WORK? YES 2 NO		SCRIBE HOW	INJURY OCCUR	RED	
	a Classists	Could not be determined	26e. PLACE building	OF INJURY — At h	ome, ferm,	street, fectory, o	office		CATION (Street or Town, State	end Number or	Rurai Roul	e Number,
COMPLETE	(Orlean orly		SICIAN: To the beat of								euse(e) ei	nd menner ee stated.
	29b. SIGNATURE AND TITL	E OF CERTIFI	ER				29c. LICENSE	NUMBER		29d. DATE S	IGNEO (M	onth, Day, Year)
) BE	Herr	~ U	dear	lour			D302	206		▶ 11	/15/	91
10	30. NAME AND ADDRESS C	F PERSON W	1									
	Steven H. I					. Charl	es St. B	Balt.	MD 21	.204		
	31. OATE FILED (Month, Day,	Year)	Inlia David	AR'S SIGNATURE	22							
	NOV 1 8 '91		THE WALL	mar al								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DE	ATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last	ŋ				2. DATE OF DEATH		3. TIME OF DEATH
MARTY	VANBUREN	WOI	MACK		MONTH 12	1994	7:50A
4. SOCIAL SECURITY NUMBER		BE (In yrs. last birthday)	IF UNDER 1 YEAR IF UN	IDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or Foreign
092-36-2611	1)∑M 2 □ F	45 YRS.	IONTHS DAYS HOUR	RS MIN.	(Month, Day, Year) 1-23-19	Coun	try)
le. FACILITY NAME (if not institution, give			OL OUTV TOWN OF LO				w York Ci
			9b. CITY, TOWN OR LOC		EATH	9c. COUNTY OF	
HOWARD COUNT	Y GENERAL	HOSPITAL	COLUI	MBIA		HOWA	ARD
Do. STATE 10b. COUN	ITV	10- 0174	TOWN OR LOCATION				
							10d. INSIDE CITY LIMITS?
Maryland		E	licott (City			1X YES 2 NO
e. STREET AND NUMBER			10f. ZIP C	ODE		10g. CITIZEN OF	WHAT COUNTRY?
10213 [Camel	Ford Cour	t	21	043		USA	
1. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			HC ORIGIN? (Specify Yee		
Never Merried 2 Merried	FORCES? 1 X YE	S 2 NO	If yes, specify C	uben, Mexice	n, Puerto Ricen, etc.)	Blac	E — American Indian, k, White, etc.
☐ Widowed 4 ☐ Divorced	IF TES, GIVE WAN ON	DATES	1 TYES 2X	NO Specify	y:	Spec	Black
15. DECEDENT'S ED	UCATION	16e. DECEDENT'S U	SUAL COCUPATION				DIACK
(Specify only highest grad	de completed)	(Give kind of wo	rk done during most of we	orking	18b. KIND OF BUSI	NESS/INDUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	1 1 1 1 1 1 1 1 1	rea.				
	4	Electri	cal Engi	neer	Goddar	d Spac	e Flight
FATHER'S NAME (First, Middle, Last)			18. M	OTHER'S NA	ME (First, Middle, Maiden S	urname)	
Martin Vanbu	ren Womacl	Sr		Mart	ha Johnso	n	
e. INFORMANT'S NAME (Type/Print)	- Total Worlde		DDRESS (Street and Num	ther or Burni	Route Number, City or Town.	State 7to Contain	
Vickie R.	Clark						
		2024	S. 8th S	t.,	Arlington		
0a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rec	movat from State	ob. PLACE AND DATE OF semetery, crematory or other	DISPOSITION Name of	Ran	DATE 20c. LOC	ATION - City or To	own, State
☐ Donetion 5 ☐ Other (Specify)		h. Cem.,	Pamplin	172	. D	amplin	777
I. SIGNATURE OF FUNERAL SERVICE L	ICHINEE /	0	22. NAME AND ADD	RESS DF FA	Tuneral		· Va
Sairen	Caxeil	/	Brand	-Kei	d Funeral	Home	
23. PART I. Enter the diseasea, or	-		Farmv	ille	, Virgini	a 2391	01
Gequentielly list conditions, fon, leading to immediate cause. Enter UNDERLYING AUSE (Dissess or injury het initiated evants eaulting in deeth) LAST	c	red SI S A CONSEQUENCE OF):	nusof	Vals	alva Ar	reurys.	n
ART II. Other eignificent condition	d	but not resulting in	the underlying ceus	e given in	Pert I. 24a. WAS AN A PERFORM	IED?	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_		YES 2 NO
. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL		28. PLACE OF	DEATH (Che	ck only one)		
1XXES 2 NO	1 Inputient XXER/Ou	stpatient 3 DOA 4	☐ Nursing Home 5 ☐	Residence	6 Other (Specify)		
MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year,	28b. TIME (28d. DESCRIBE HOW IN.	JURY OCCURED	
Natural 5 Pending Investigation	11/12/9	4		NO	Collapsed	(while	Logging
2 Suleide	28e PLACE OF IN HIS	RY — At home, farm, stre		~	201 LOCATION (C)	d Mumber - O	0 00 /
4 Homicide 8 Could not be	building, etc. (Sc	pacify)	, rectory, office		281. LOCATION (Street en City or Town, State)	Aenton:	oute Number,
	\$	treet			Elicot C	THI M	
(Check only one) 1 CERTIFYING PHYS X MEDICAL EXAMIN	SICIAN: To the best of my kno ER: On the beele of exeminat	owledge, death occurred ion end/or investigation,	et the time, dete end ple in my opinion, death oc	cured at the	to the cause(e) end menn	er ee stated. due to the couse(e	end menner ee stated.
b. SIGNATURE AND TITLE OF CERTIFIE				ICENSE NUM			
Man	1102		236.6	OCME		29d. DATE SIGNED	13 1991
NAME AND ADDRESS OF DEDGE	1 chure 1	7()		OCMI		F1 1	13 1991
NAME AND ADDRESS OF PERSON TO	TO COMPLETED CAUSE OF D		NN STREE	T I	BALTIMORE	, MARYL	AND 21201
DATE FILED (Month, Day, Year)	12. REGISTRARIS SIG	NATURE LABOR					
NOV 2 01001	Julia Jandon	No. Comment					
MIIIV X UIMBI							

	samie lymp		
A			

60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the trineral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. The law requires that the death certificate be execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any Injury, or other traumatic	
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certific, be filed within 72 hours after death with the St	IMPORTANT: If item 28 is marked, or it	

nit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYG		
	1. DECEOENT'S NAME (First, Middle, Lest)	COB BYA	2 D		2. DATE OF OEAT		3. TIME OF DEATH 910A M
	4. SOCIAL SECURITY NUMBER 228-32-5766	1 XM 2 🗆 F	2 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.			BIRTHPLACE (State or Foreign Country)
DIRECTOR	9a. FACILITY NAME (If not justifution, give st PA + C RESIDENCE OF DECEDENT 10e. STATE 10h. COLINTY	Co Gen Ho	Spitel Ko	y, town or location of coardinates to	DEATH	9c. COUNTY	
	Md		10c, CITY, TOWN	1 to			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \) NO
FUNERAL	3020 Oal	1111 /1-0		101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc		Black, White, etc. Specify: Black
APLETED	15. DECEDENT'S EOUR (Specify only highest grade Elamentary/Secondary (0-12)		OECEOENT'S USUAL ((Give kind of work done life. Do NOT use retired.)	during most of working	16b. KINO 0	timore	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Robert Byr	d		18. MOTHER'S N	AME (First, Middle, Mi		
TOB	19a. INFORMANT'S NAME (Type/Print) Wayne, E. Byrd	0	2540 A	S (Street end Number or Aural Arunah H		Town, State, Zip Co	1 21216
	20e. METHOD OF OISPOSITION 1 Suriel 2 Cremetton 3 Remo	oval from Stata cemetery	ACEAND DATE OF DISPO		DATE 20	wings	y or Town, Stata Hills Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Warnen	22	NAME AND ADDRESS OF F.	H Wool	ach x	Ive
	23. PART i. Enter the dissses, or c shock, or heart failurs. I IMMEDIATE CAUSE (Final disesse or condition resulting in death)	complications that caused the List only one cause on each a. Presmen	lins.	r ths mods of dying, suc	ch ss cardisc or i	espiratory arrest	Approximats interval Batween Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated systis resulting in death) LAST	DUE TO (OR AS A COM	ence /				
MEDICAL	PART II. Other significant conditions	s contributing to death but n	ot resulting in the u	nderlying cause given in	PE	S AN AUTOPSY REORMED2 ES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
YSI	1 TYES 2 NO	HOSPITAL:		R: rsing Home 5 - Rasidence			
ВУ РН	27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Yeer)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE H	OW INJURY OCCUR	RED
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — A building, etc. (Specify)	t home, term, atreat, fed	tory, offica	28t. LOCATION (S City or Town, S	reet and Number or Stete)	Rural Route Number,
COMPLETED		CIAN: To the best of my knowledge R: On the basis of axaminstion and					euse(s) end manner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Six La Oceans	Homa P	hysin	29c. LICENSE NU	MBER		IGNED (Month, Day, Year)
	Siz Kiem Ong	in D. Baltim	(ITEM 27) (Type, Print)	Genel He	metal.	Rando	Astom MD
	31. DATE-FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR					2/133

104

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 4. SOCIAL SECURITY NUMBER, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? owanda 21215 11.5A as the burial-tra 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS attending physicia 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. MARYLAND 21215-0020 1 Never Married 2 Married BY 1 TYES 2 THO Specify: Black Specify 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecity only highest grade complete (Give kind of work done during mile. Do NOT use retired.) Page 6 may be retained by the hospital or be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 2016 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Te de larshal BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nur 2 BALTIMORE. pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must. Burial 2 Cremation 3 Ramoval from State 1 Buriel 2 Gremation 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. filled in by the found. medical 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory errest, Approximate ehock, or heert fellure. Liet only one ceuse on eech line. interval Between IMMEDIATE CAUSE (Finel Oneet and Desth the cremation disease or condition CARDIOGENIC SHOCK 1 hour event, recuiting in desth) certificate be executed within hysician and com MYOCARDIAL INFARCTION /2 hou traumatic CERTIFICATION Sequentielly list conditione, BOX If sny, leading to immediate ceuse. Enter UNDERLYING attending physician rital Hygiene prior to ARTERY CLEFT Main CAUSE (Diseese Dr Injury or other that initieted events 0 resulting in deeth) LAST been signed by the attent. of Health and Mental injury, DIVISION OF VITAL RECORDS, PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? After this certificate death with the State HOSPITAL:

1 Inpetient 2 ER/Outpetient 3 DOA OTHER: ng Home 5 Residence 6 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation 1 Natural 1 YES BY 2 NO O THE HOSPITAL VI...
TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 0 4 Homield Other 7 905T ATHEREN IZATION E 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 256 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 16/2 D29391 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Benjamin Ruxton Towers, Ste DU 50 3 101

32. REGISTRAR'S SIGNATURE

whic Davidson-Randall

Day, Year)

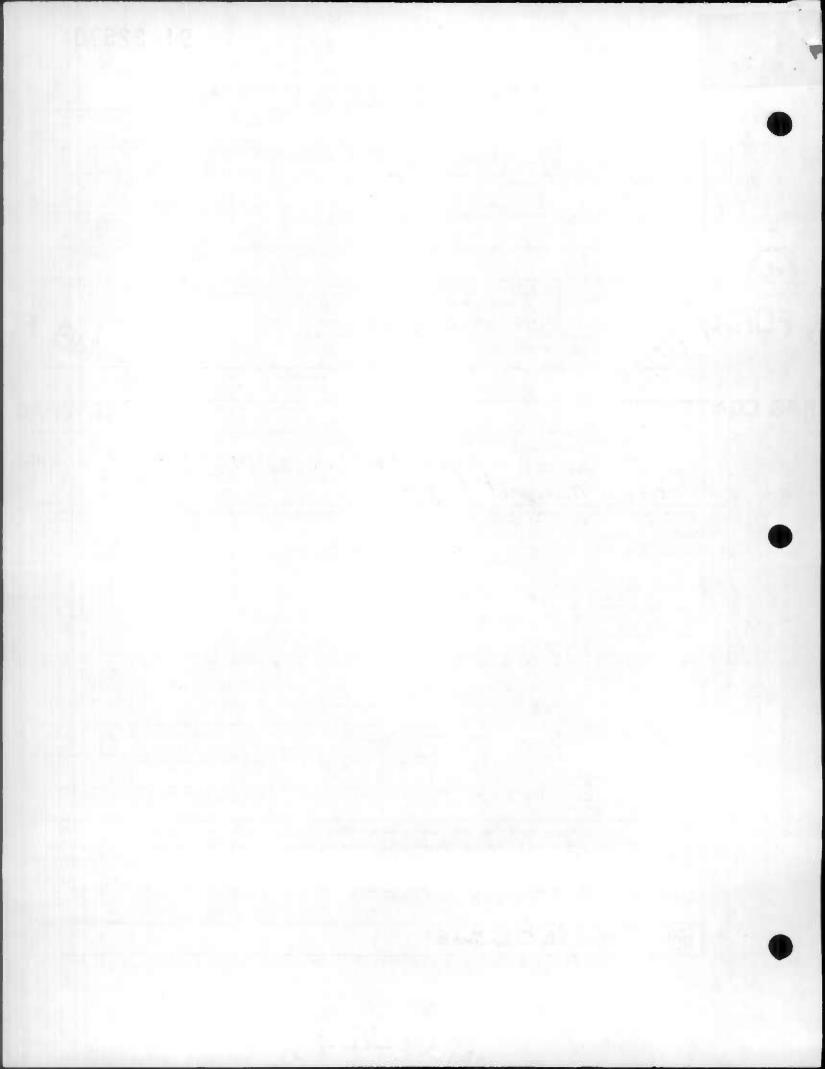
INAV- 29 1991

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TEXT RS YOU

7	-	×		
O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Juns after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the full Notine Bear to the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, c	

1. DECEDENT'S NAME (First	st, Middle, Last)			ERTIF					2. DAT	REG. NO			3. TIME OF OEATH
RAYMON C.		UELL							MON		C	YEAR Q 1	5:15 p
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER	R 24 HRS.		E OF BIRTH	Δ	8. BIRTI	HPLACE (State or Foreign
214 14 5267	,	1 💢 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURE	MIN.		nth, Day, Year) 2/29/2()	A.A.A.	RYLAND
9a. FACILITY NAME (ti not		street and number)		_	9b. CITY,	TOWN C	R LOCATI	ION OF DI	_	2/4//20		UNTY OF C	
VA MEDICAL		FT HOW	4RD		FT	нош	ARD				В	ALTI	MORE
RESIDENCE OF DE	10b. COUNT	Υ		10c, CIT	Y, TOWN OR	R LOCAT	ION						10d. INSIDE CITY
MARYLAND				RA	LTIMO	DE							LIMITS?
10e. STREET AND NUMBER	R			I DA	LILMO		ZIP COD	Œ			10g. CI	TIZEN OF	WHAT COUNTRY?
3028 BAKER	STREET							212	16			USA	
11. MARITAL STATUS	STREET	12. WAS DECEDEN	IT EVER IN U.S. AR					OF HISPAI	NIC ORIG	SIN? (Specify Y			E — American Indian, ck, White, etc.
1 🔀 Never Married 2		FORCES? 1	YES 2 1	NO	1	yes, sp	2 NO	sn, Mexica Specif	nn, Puert fy:	to Ricen, etc.)		Spec	
3 Wildowed 4 Div	vorced	19421									J	BL	ACK
15. DE (Specify of	CEDENT'S EOU	ICATION completed)	18e. DE	ECEDENT'S	work done du se retired.)	CUPATIO	ON st of worki	ing	1	6b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary	1	College (1-4 or 5	+)							TO Toronto	FUEU	0277	-1 00
				SILL	. WORK	KEK				BETHL	LHLM	SILL	EL CO
17. FATHER'S NAME (First,										I, Middle, Maide	n Surname)		
LUTHER BLAC								THA					
19a. INFORMANT'S NAME										Imber, City or To			1050
CLINICAL RE	CURUS		V	AME	VICAL	CE	NIEK	. +1	HUWA	ARD, MA	AKYLA	NV Z	1052
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (Fidisease or condition	dieeasea, or haert failure. Inai	Liet only one ca	at ceused the di use on each line	aeth. Do	not antar t		ode of dy		ch ee c	3/91 0 MARCH 4300 erdlec or ree	FUNI WABAS	SH A	Approximate intervel Between
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in CAUSE (Disease or	dieeasea, or haert failure.	a. CANCE DUE TO OUE TO	at ceused the di use on each line	aeth, Do e. STAT SOUENCE C	not antar t E WIT OF):		ode of dy		ch ee c	4300	FUNI WABAS	SH A	Approximate intervel Between
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (f disease or condition resulting in deeth) Sequentially list conditions, leading to imm ceuse. Enter UNDERL	dieeases, or haert failure.	b. OUE TO DUE	at coueed the diuse on each line R OF. PRO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	STAT	not antar f	TH M	ETAS	CTASE	S	MARCH 4300 erdlec or ree	FUNI WABAS piratory e	SH AV	Approximate intervel Between Oneet and Dec
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list cond if any, leading to imm ceues. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth)	dieeases, or haert failure.	b. OUE TO DUE	at coueed the diuse on each line R OF. PRO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	STAT	not antar f	TH M	ETAS	CTASE	S	MARCH 4300 erdlec or ree	FUNI WABAS piratory e	SH AV	/ENUE
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (Fidisease or condition resulting in deeth) Sequentially list condition of any, leading to immiceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other algnifications.	dieeases, or haert failure.	a. CANCE DUE TO b. OUE TO c. DUE TO d	at coueed the diuse on each line R OF. PRO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	STAT	DEP:	derlyin	ETAS	CTASE	S Part I.	MARCH 4300 erdiec or ree 24a, WAS / PERF 1 □ YES	FUNI WABAS piratory e	SH AV	Approximate intervel Betwee Oneet and Decided Intervel Betwee Oneet and Decided Intervel Betwee Oneet and Decided Intervel Betwee Intervel Betwee Intervel Betwee Intervel Betwee Intervel Betwee Intervel Betwee Intervel
23. PART I. Enter the shock, or IMMEDIATE CAUSE (Indisease or condition resulting in deeth) Sequentially list condition of any, leading to immiceuse. Enter UNDERL CAUSE (Disease or inter tinities devents resulting in deeth) LA	dieeases, or haert failure.	b. OUE TO d. HOSPITAL:	at coueed the diuse on each line R OF. PRO O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	aeth. Do e. STAT COUENCE C COUENCE C Teaulting	not antar if E WIT OF): OF): OTHER	derlyin	ETAS	given in	Part I.	MARCH 4300 erdiec or ree 24a, WAS / PERF 1 □ YES	FUNI WABAS piratory e	SH AV	Approximate intervel Betwee Oneet and Decided Intervel Betwee Oneet and Decided Intervel Betwee Oneet and Decided Intervel Betwee Intervel Betwee Intervel Betwee Intervel Betwee Intervel Betwee Intervel Betwee Intervel
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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2/05, 1 31. DATE FILED (Month, Day, 1981) NOV 29 1991

4. SOCIAL SECURITY NUMBER 242-01-7572 9e. FACILITY NAME (If not institution, give 4028 Fairfax Road RESIDENCE OF DECEDENT 10e. STATE 10b. COUN Md 10e. STREET AND NUMBER 4028 Fairfax Road 11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	ry	6. AGE (In yrs. II	YRS.	MONTHS 9b. CITY	DAYS	IF UNDER 24 HRS	Z DAT			9YEAR	
4028 Fairfax Road RESIDENCE OF DECEDENT 108. STATE 109. STREET AND NUMBER 4028 Fairfax Road 11. MARITAL STATUS 1 Never Merried 2 Merried	ry					HOURS MIN	(1/4)	E OF BIRTH		8. BIRTH Countr	APLACE (State or Foreign N. C.
10a. STATE NO. COUNTY NO. STREET AND NUMBER 4028 Fairfax Road 11. MARITAL STATUS 1 Never Merried 2 Merried				Bait	9b. CITY, TOWN OR LOCATION OF DI Baltimore						
4028 Fairfax Road 11. MARITAL STATUS 1 🖄 Never Merried 2 🗆 Merried	1			e. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
1 Never Married 2 Married	1	100. STREET AND NUMBER 4028 Fairfax Road				101. ZIP CODE 21216				S A	WHAT COUNTRY?
	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGING If yes, specify Cuben, Maxicen, Puerting YES 2 NO Specify:			IN? (Specify Yes	s or No—	14. RACE Black Speci	E — American Indien, k, White, atc.	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) Collega (1-4 or 5	Give kind of w	NT'S USUAL OCCUPATION Id of work done during most of working OT use refired.)			166. KIND OF BUSINESS/INDUSTRY EUWell Roofing			D. CO.		
17. FATHER'S NAME (First, Middle, Last) James Burdon											
196. INFORMANT'S NAME (TyperPrint) William J. Burdon 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 4028 Fiarfax Road Baltimore, Md 21216											
4 Donation 5 Other (Specify)	1 () Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Catonsville, Md 20. Location — City or Town, State Company State Company State Company State Company State Catonsville, Md									wn, State Md	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue											
23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cerdica or reepiratory errest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury cause).											
that initieted events resulting in death) LAST d.											
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. HYPENETEN:						n Part i.	PERFORMED? 1 YES 2 NO COMPLETION OF DEATH?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 28a. DATE OF	OTHER: O						8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)				281. LOI	281. LOCATION (Street and Number or Rural Pouts Number, City or Town, State)					
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.											

ALTIMORE MO 21218

State Carlo Table 1 for the Unit

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
DECEDENT'S NAME (First, Middle, Last)	Maggie	Bolden			2. DATE OF D MONTH	DAY	991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-03-7142 D	1 🗆 M 2 🖔 F	AGE (In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BI (Month, Day, 212-	Year)	8. BIRTH Countr	IPLACE (State or Foreign y) Md
98. FACILITY NAME (If not institution, give some some some some some some some som	street and number)		96. CITY, TOWN Balti	OR LOCATION OF DE	ATH	9c. COU	INTY OF D	EATH
n. STATE Md 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS? 1 \(\text{VES} 2 \text{NO} \)	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT 3110 Elbert Street 21229 U S A								
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	VER IN U.S. ARMED YES 2 X NO OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (I) If yes, specify Cuban, Maxican, Puarto Rice 1 YES 2 NO Specify:				14. RACE Black Speci	- American Indian, t, Whita, atc. ty: Black	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind at a life. Do NOT us	work done during n	TON nost of working	18b. KIND	OF BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) William Holmes				18. MOTHER'S NA	mes			
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Malvin Nicholson 3110 Elbert Street Baltimore, Md 21229								
20. METHOD OF DISPOSITION						ON — City or Town, Stata		
21. SIGNATURE OF FUNERAL SERVICE LIC	e We	va 2	March	West Wabash Aver	CILITY	<u> </u>	, 1101	
23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List only one ceuse on each line.								Approximate interval Between Onset end Death
Sequentially list conditions, it eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other eignificent condition	S contributing to dee Dementi	th but not recuiting i	in the underlyle	ng ceuse given in i		WAS AN AUTOPSY PERFORMED? YES 2 \(\bigcap \) NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (Che		N(h/)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU		E OF URY W 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OC		
3 Suicide 8 Could not be detarmined	building, atc. ((Specify)	irreet, factory, offi	on .	City or Town	(Street and Number n, State)	or Rural A	oute Number,
	CIAN: To the best of my k							and manner as stated,
29b. SIGNATURE AND TITLE OF CERTIFIER	Mon			29c. LICENSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (1/00)	Print)	fown,	Md	21	1130	

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NOV 29 1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signing be filed within 72 hours after death with the State Dept. of Health IMPORTANT: It item 28 is marked, or item 23 shows and

	1 - STATE REGISTRAR		MARYLAND / I		ICATE					YGIEN EG. NO.	Ε.		Hin	
	1. DECEDENT'S NAME (First, Middle, Last)		D.D.						2. DATE OF D	DA		YEAR	3. TIME OF D	EATH
	T'AVON 4. SOCIAL SECURITY NUMBER	R.		OWN					11	25		91	2:52	Α .
		5. SEX	6. AGE (In yrs. lest t		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	IRTH Year)	_	8. BIRTH Country	PLACE (State o	r Foreign
	219-94-9409 9a. FACILITY NAME (If not institution, give		12	YRS.						5 79		Country		
œ							R LOCATIO		EATH		9c. COU	NTY OF DI	EATH	
RECTOR	HARBOR HOSPI	TAL			BA	LTI	MOR	E						
REC	10a. STATE 10b. COUNT	TY		10c. CITY	r, TOWN O	R LOCATI	ON						10d. INSIDE C	ITY
ā	MD			BA	LTIM	ORE							1 X YES 2	□ NO
ERAL	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CITI	IZEN OF W	HAT COUNTRY	
EH	941 BETHUNE RO	AD					2122	25				USA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	rried 2 Married FORCES? 1 YES 2 NO Specify Yes or No If YES, GIVE WAR OR DATES FORCES? 1 YES 2 NO Specify: Specify Cuben, Maxican, Pourto Rican, atc.)									14. RACE Black Specifi BLAC	*	ndian,	
E C	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed	18a. DECE	EDENT'S	USUAL OC	CUPATION	4		16b. KING	OF BUS	INESS/INC			
LETE	Elementary/Secondary (0-12)	College (1-4 or 5	+) III. D	NOI US		uring most	or working	7						
N N	6th		ST	UDEN	IT									
COMPL	17. FATHER'S NAME (First, Middle, Last)		July 1						AME (First, Middle		,			
BE	ORRIN BROW	N						EIL		AUL				
0	19a. INFORMANT'S NAME (Type/Print)								Route Number, Cl					
	CORDELIA KEEMER							LTI	MORE, N	1D	21 22	25		
	20a. METHOD OF DISPOSITION 1 N Burlat 2 □ Cremation 3 □ Ran	noval from Stata	20b. PLACE AN				e of					City or Tov		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	OFFICE	Melery, Gentle	UN C	7				11/30	BAL	TIMOF	₹E	MD	
	A A	CENSEE			22. N	IAME AND	ADDRES	S OF FA	ACILITY					
	Dlade	o Wou	Casa		MAR	CH F	/H 1	101	E. NOF	RTH /	AVE.	, BALT	TO., ME)
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MEDICAL CE	PART II. Other eignificent condition	d.	death but not res	uiting in	the und	derlying	ceuse gi	ven in		WAS AN A PERFORM	MED?		WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
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0	1 X YES 2 NO		ER/Outpatient 3		OTHER:		5 🗆 Ree	Idence	6 Other (Spec	cify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, Di		86. TIME	RY	28c. INJUI WOR	K?	,	28d. DESCRIBE			URED TO VI. 4M	ath	eme
	2 Accident Investigation	11/2	25/91	252			S 2 🕱	NO	2,((,,,	9	7	4		
E Wastimore									Bey	hune A	Pond			
	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of ax	my knowledge, death	occurred eatigation	d at the 1lm , in my op	ne, data a inion, das	nd place, of th occure	and dua d at the	10 the ceuse(s) time, data and p	and mann place, and	dua 10 the	ed. e cause(e)	end menner as	stated.
J	29b. SIGNATURE AND TITLE OF CERTIFIE	A) PI	7			-	29c. LICEN	ISE NUI	MBER		29d. DATE	E SIGNED (Month, Day, Yes	r)
	Klenn	for Cla	ute m				0.0	C.M	E.		▶11	- 2	25 -	1991
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUS	SE OF DEATH (ITEM 2			ENN	STI	REE	T BALT:	IMOF	RE.M	ARYI	AND	21 2 01
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S SIGNATURE			2721	0 11		_ 11111.	-1101	, , , , ,			-1 - 01
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO IN

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TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dea	HTAN
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAR CERTIF	RTMENT OF	HEALTH A	ND MEN	TAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	Brow	N				2. D	ATE OF DEATH	AY G	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-22-9334	5. SEX	6. AGE (In yr.	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7. D/	ATE OF BIRTH		8. BIRTH Country	PLACE (State or Foreign VA.		
TOR	98. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH												
DIRECTOR	10e. STATE 10b. COUNTY	,			Y, TOWN OR LOCA		v			10d. INSIDE CITY LIMITS? 1 X XYES 2 NO			
FUNERAL	100. STREET AND NUMBER 501 E. PRESTO	ON STRE	FT AC		10	of. ZIP CODE					HAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S	S. ARMED	13. WAS DE		HISPANIC OR	IGIN? (Specily Year to Rican, etc.)		- A American Indian, , White, etc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0.12) OTN Grade	CATION completed) College (1-4 or 5 a		Give kind of w	USUAL OCCUPATI york done during m	ON ost of working		16b. KIND OF BU	SINESS/INDU				
COMPI	17. FATHER'S NAME (First, Middle, Last)			Truck	Drive	1e, MOTHER	'S NAME (Fin	Atlas	Movi	ing	Co.		
TO BE	Irvin Brown 19a. INFORMANT'S NAME (Type/Print)	X - 1 - 1 - 1 - 1		19b. MAILING	ADDRESS (Street		TIE Rural Route N		BROWN				
Ĭ	ALICE BROWN 20e. METHOD OF DISPOSITION		20b.PL#	501	E. PRE	STON	ST./I	Baltim	ore,	Md.			
	Comparison Com												
	23. PART I. Enter the disease, pr	8 W(men		WM.C	. MAR	CH F	н. 11	01 E.	NO	ORTH AV		
CERTIFICATION	ahock, or heert feiture. I IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentielly list conditione, If any, leading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST	b. DUE TO	OCCASA CON	NSEQUENCE OF	r):	3 I) Suc	14	(cudiu)	. (Approximete intervel Between Onset end Desth		
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions	s contributing to	death but no	ot reaulting is	the underlyin	g ceuse give	en In Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:	ER/Outpatien	1 3 DOA	OTHER: 4 Nursing Horr	LACE OF DEATH							
ВУ РН	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28e. DATE OF (Month, De	INJURY ly, Year)	28b. TIME INJU	OF 28c. INJ	JURY AT DAK? YES 2 NO	28d. C	DESCRIBE HOW IN	NJURY OCCU	RED			
3 Suicide a Could not be building, stc. (Specify) 288. PLACE OF INJURY — At home, lerm, street, tectory, office building, stc. (Specify) 288. LOCATION (Street and Number or Rural Route Number, City or Town, State)								ute Number,					
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	SIAN: To the best of a	ny knowledge,	death occurred	f at the time, date i, in my opinion, d	end place, and	d due to the d	cause(e) end men	ner as stated	ceuse(a)	end manner as stated.		
TO BE	290. SHOMATURE AND TITLE OF CENTIFIER	-w)			29c. LICENSE	NUMBER	74	29d. DATE S	SIGNED (Month, Day, Year)		
	JOSEPL J DI	COMPLETED CAUS	OF DEATH (Print) S. GN	2 2 (.)	54	Rith		AYC	10515		
	NOV 2 9 1991	32. REGISTRAF	A A A	in.		- 1	1	73.1/4	VIS T-Augusta	1/1	2 CICON		

FOR STATE REGISTRAR

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	Clareno	ce E.	Ве	aslev	7		Н	2. DATE OF DEATH DO 1		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. la		IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign	
	215-12-0488	1 XM 2 - F	69	YRS.	ONTHS DAYS	HOURS	MIN.	3 25		ginia	
	9e. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOWN	OR LOCAT	ON OF DE	ATH	9c. COUNTY OF	DEATH	
S S	2108 Rosedale Street Baltimore										
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c, CITY.	TOWN OR LOC	ATION				10d, INSIDE CITY	
I I					ltimor					LIMITS?	
	Maryland 100. STREET AND NUMBER			I Da.		OI. ZIP COD	E		10g. CITIZEN OF	WHAT COUNTRY?	
ER/	2108 Rosedale	Street				21	216		USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2XXMerried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes,	ECENDENT (specify Cube S 2X NO	en, Mexice	NIC ORIGIN? (Specify Yeon, Puerto Ricen, etc.)	Bia	CE - American Indien, ck, White, etc.	
LETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION	18e. D	Give kind of we a. Do NOT use		nost of worki	ing		-Lenco		
COMPL	17. FATHER'S NAME (First, Middle, Last)		ITr	uck	river	_	HED'S NA	ME (First, Middle, Maiden			
CC	Howard K. Bea	20101						n A. Max			
0	19e. INFORMANT'S NAME (Type/Print)	AD I C Y	1	9b. MAILING	ADDRESS (Stree	-		Route Number, City or Tow		21207	
유	Lillian Jenki	ns	3	004	Howard	Par	k A	ve., Bal	timore	Maryland	
	20e. METHOD OF DISPOSITION 1 Deniel 2 Cremetion 3 Rem		20b. PLAC	E AND OATE	OF OISPOSITIO		-	DATE 20c. LC	CATION — City or		
	4 Donetion 5 Other (Specify)			land	Nat.	Mem	Pa		aurel,	maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				ANO AOORI				Culloh St	
	Berry Hurres Chatman-Harris F/H Baltime										
CERTIFICATION	disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Cerebellar metastasis OUCruhelming tumor burden 2 1/2 yrs DUE TO (OR AS A CONSEQUENCE OF): Cerebellar metastasis OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificant condition	na contributing t	o daath but not	rasulting is	n tha undarly	ing cause	givan in		RMED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN:					-						
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	C spio-se-si-se	a 🗆 aca	OTHER:	11		heck only one)			
BY PHYSICI	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE (DER/Outpatient DEFINJURY Day, Year)	26b. TIME	A 4 Nursing Home 5 Reeldence 6 Other (Specify)						
ETED E	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — AI I g, etc. (Specify)	nome, farm, a	treet, factory, o	fice		281. LOCATION (Street City or Town, State	and Number or Rure))	il Route Number,	
COMPL	one) 2 MEDICAL EXAMIN	ER: On the beele of				, death occ	ured at the		and due to the ceus	e(e) end menner ee atated.	
BE	29b. SKINATIBLE AND TITLE OF CERTIFIE 30. NAME AND ADDITIONS OF PERSON WI		UOE OF DEATH #3	THE AT CT	idente.	Chiv		MD	29d. OATE SIGN	EDY(Month, Day, Year)	
10								()			
	ANDREW VENI 31. DATE FILED (MONTH, Day, Year) NOV 29 1991	VOS M.	Davidson-M		Green	St.	Ba	Itimore, M	D ZIZ	201	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit Panes 1.2.3 sevent	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE	TO THE	be filed v	IMPORT	

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME CERTIFICA	NT OF HE	ALTH AND DEATH	MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las		JISE BARR	Y		2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 056-38-9910 98. FACILITY NAME (If not institution, give	1 M 2 X F	77 YRS. MONT	HS DAYS	IF UNDER 24 HRS.	May 25,	1.00	Panama		
CTOR	1211 Stevenson Lane Towson Balti									
DIRE	Maryland B	Baltimore		OWSON				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL DIRECTOR	1211 Stevenso				21204		US	OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X XNO	13. WAS DECEN If yes, speci 1 YES 2	ly Cuban, Maxic	NIC ORIGIN? (Specify Yea an, Puarto Rican, atc.) fy:		NACE — American Indian, Black, White, atc.		
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 12 Years	OUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	one during most of id.)	of working	16b, KIND OF BUS		Y		
	17. FATHER'S NAME (First, Middle, Last) Ralph Cutler			1		AME (First, Middle, Maiden S ie Louise		0		
TO BE	19a. INFORMANT'S NAME (Type/Print)				Number or Rural	Route Number, City or Town	, State, Zip Code)		
	Jane E. Calla		1211 St		on La		n, Md.			
	1 X Buriel 2 Cremetion 3 XRa 4 Donation 5 Other (Specify)	moval from State Cer	EIM Grove	e Ceme	tery	11/29 M	yst.Ic.	Conn.		
	Transaction .	Burnside,	Jr	6500	York	iedefeld Rd. Balt	Home, imore.	Inc. Md. 21212		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory entert, shock, pr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant condition A+11(00 Scue)	nna contributing to death b	out not resulting in the	underlying c	ausa givan in	Part I. 24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		OF DEATH (Ch	eck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1							JURY OCCURED			
	3 Suicida 6 Could not be 4 Homictde datarmined	26e. PLACE OF INJURY building, etc. (Spec	— At homa, farm, street, f	actory, office		281. LOCATION (Street an City or Town, State)	d Number or Rur	al Route Number,		
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my know IER: On the basis of examination	ledge, death occurred at the	e time, data and y opinion, danti	place, and due	to the cause(a) and mann time, data and place, and	er as stated,	e(a) and manner as atsted.		
IO BE	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	/weigheld	MATH (ITEM 27) (Type, Print)	29	D33		D 11/	O (Month, Day, Year)		
	Robert H. W	iedefeid, M	l.u. 3313	Paper	mill H	Rd. Phoen:	ix, Md	. 21131		
	NOV 29 1991	32. REGISTRAR'S SIGN	-fandall							

TOTAL TO NOW

	1. DECEDENT'S NAME (First, Middle, Last)	TE.B.	PANIS	EA	10	110	C		2. OATE OF MONTH	OEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218–32–9602	5. SEX 1 [X M 2] F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF		-71-	THPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give to St. Joseph Hospita					TOWSO	PR LOCATI	ON OF DI			Balti	
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNT Md. Balt	imore			y, town o						10d. INSIDE CITY LIMITS? 1 YES 2' NO	
ERAL	1755 Hilltop Avenu	ie					21221	E	6.61		SA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		If yes, sp		m, Mexico	n, Puerto Rice	Specify Yee or No-	Ble	CE — American Indian, ck, White, etc.			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5	(Gh	ve kind of Do NOT u	usual o work done se retired.)	during mo	ON st of worki	ing	16b. KII	NO OF BUSINESS/	INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest)	Brandenburg	g					HER'S NA	AME (First, Midd	ille, Maiden Surname	0)	Live Inc.
TO B	190. INFORMANT'S NAME (Typo/Print) Jacqualyn E. Branc	lenburg	19b	MAILING 175	5 Hil	s (Street a 1top	nd Numbe Avenu	r or Rural le Bal	Route Number, timore,	City or Town, State, Md. 2122	Zip Code)	
	20e. METHOD OF DISPOSITION 1	noval from State	20b. PLACE	ANO DAT	ervic	OSITION COY	p. No	v.29,	1991	TOWSON,	- City or Maryl	Town, State and
	21. SIGNATURE OF FUNERAL SERVICE L	4	1				d J.			05 Harfon	d Road	21214
	23. PART f. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	Liet only one cer			not enter	the mo	de of dy	ring, suc	ch es cardiec	or respiratory	srrest,	Approximate Interval Between Oneet and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	b. DUE TO	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	DUENCE O)/F):	res	lle	te	rec	tion		
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ne contributing to	dooth but not re	esulting	In the u	nderlyin	g ceuse	given in		Ne. WAS AN AUTOP PERFORMED?	1	4b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	Прод	OTHE	R:			heck only one)			
BY PHYS	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	Nursing Home 5 ☐ Reeldence 6 ☐ Other (Specify) IF Y WORK? 28c. INJURY AT WORK? M 1 ☐ YES 2 ☐ NO NO										
COMPLETED B	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE (building	OF INJURY — At ho , etc. (Specify)	me, farm,	street, fac	tory, offic	:0		26f. LOCATI City or	ON (Street and Nun Town, State)	nber or Rura	ni Route Number,
SLE.	CHOOK DITY	SICIAN: To the best o	f my knowledge, de	ath occur	red at the	time, date	end plac	e, end du	e to the ceuse	(e) end menner ee	atated.	
WC	one) 2 MEDICAL EXAMIN	IER: On the beele of	examination and/or i	investigati	on, In my	opinion,	death occu	ured at the	e time, date en	d piece, end dua t	to the ceus	e(e) end manner ee stated.

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INAA

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
	ALBORT ,	MAX	BROWNS	TOTAL						NOU 26 9/ 3:30			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthda						1 YEAR DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (Stelle or Foreign
	102-24-25		1 M 2 F	61	YRS.	MONTHS	DATS	HOURS	MIN.	3/26/30			cooklyn, N
_	9a. FACILITY NAME (If not in	9a. FACILITY NAME (If not institution, give street and number)							ON OF DE		9c. COU	NTY OF DI	EATH
DINECTOR	RESIDENCE OF DE	CEDENT	PILAL			SILVER SPRING					Pho	V160	nesty
	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN C	R LOCA	TION					10d. INSIDE CITY
	MD	Mon	Toomony	/	5	TLUC	W S	fra	16				LIMITS?
	10a. STREET AND NUMBER							f. ZIP CODI			10g. CIT	IZEN OF W	HAT COUNTRY?
ı	11637 6	ocillus	SOD DA	103				20	1900	1		05/	4
	11. MARITAL STATUS	y		T EVER IN U.S. AF		13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Year	or No-	14. RACE	- American Indian,
	1 Never Married 2 3 Widowed 4 Dive	NO	If yea, specify Cuban, Maxican, Puarlo Rican, at 1 ☐ YES 2 No Specify:						Specif	, White, alc. y: Casian			
I	15. DEC (Specify on	CEDENT'S EDU	CATION completed)	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON ast of workin	a	16b. KIND OF BUS	INESS/INI	DUSTRY	
I	Elamentary/Secondary (Collega (1-4 or 5	+)				st of workin					
ı			4	El	ect:	roni	CS	Tecl	nnic	cian Fe	der	al G	overnment
1	17. FATHER'S NAME (First, A							18. MOTH	IER'S NA	ME (First, Middle, Maiden	Sumame)		
ı	Morris Br		ein					Est	ther	Bronste	in		
ı	19a. INFORMANT'S NAME (19	b. MAILING	ADDRESS	(Street	and Number	or Rural F	Route Number, City or Town	n, State, Zip	Code)	
į	Estelle B		stein		same	e ad	dre	ss a	as #	10 a-f			
	20a. METHOD OF DISPOSIT 1 ☑ Murial 2 ☐ Cremetic		oval from State	20b. PLACE	AND DATE	OF DISPOS	TION (Na	ame of		DATE 20c. LOC	CATION	City or Tox	vn, Stata
Į	4 Donation 5 Other			King	Dav:	id M	em.	Gra	dns.	11-29 Fa	11s	Chu	rch, Va.
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE			22.	NAME A	YD ADDRES	S OF FAC	CILITY			
	للدا	2 1	C. T.	cus		-	F	alls	s t Ch	n Funera	. 2	2048	
	Sequentielly liet condit if any, leeding to imme ceues. Enter UNDERLY CAUSE (Disease or Inju thet initiated events reculting in deeth) LAS	ediete ING ury	CARCI	OR AS A CONSEC ER CA (DR AS A CONSEC	DUENCE OF	F F): F):	iA	,)	no	METAST DO (E	(A T	vė	6 mo
ı							8						
	HUPERS	TIVE	SIDN WEINER		CAI	,		cause g	olven In	Part I. 24a. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETIDN DF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED T	MEDICAL					26. PL	ACE OF DE	ATH (Che	ck only ona)			
ı	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		a 5 🗆 Ra	nidenca	8 Other (Specify)			
27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) 29. TME OF INJURY AT WORK? 1 Natural 5 Pending (Month, Dey, Year) 29. NATURAL OF INJURY AT WORK? 1 YES 2 ND 29. DESCRIBE HOW INJURY OCCURED INJURY OCCUR													
	3 Suicida 8	Could not be determined	28a. PLACE (building,	F INJURY — At ho etc. (Specify)	me, farm, a	street, facto	ory, offic			28f. LOCATION (Street at City or Town, State)	nd Number	or Rural Ro	oute Number,
	one) 2 MED	ICAL EXAMINE	R: On the basis of a							to the cause(a) and man			and manner se stated.
	296. SIGNATURE AND TITLE	. 1	adella	m	10			29c. LICE D - 3	23	397	1	1/20	(Month, Day, Year)
	HERNAN	1 for	ad, CC.	A ME) (Type.	108	10	Co	NK	rectica	17	AUE	KENSI
	31. DATE FILED (Month, Day,	Year)		R'S SIGNATURE								-	mal
1	NA	1901	001 4	lia Davidson	n-Man	della							•

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTHE OF HIM	CERTIF	ICATE O	F DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH				
	ADA	GRACE	BUETTNE	R		MONTH 2	5 9	1 5:56pm				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	a, Bi	RTHPLACE (State or Foreign "				
	217-46-1177	1 M 2 F	82 YRS.	MONTHS DAY	HOURS MIN.	6-27-0	9 100	MARYLA)				
	9a. FACTLITY NAME (If not institution, give st	treet and number)	-	9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY O					
DIRECTOR	CROFTON CONVALESCENT CENTER CROFTON ANNE ARUND											
3EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
D	MARYLAND CARRO	LL	HAI	MPSTEAD				1 YES 2 NO				
AL	10a. STREET AND NUMBER				101. ZIP CODE		10g, CITIZEN C	OF WHAT COUNTRY?				
EB	1811 ALBERT RILL	ROAD			21074		U.S.A					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes,	Specify Cuban, Mexico ES 2 NO Specific	NIC ORIGIN? (Specify Ya an, Puerto Ricen, etc.) /y:	na or No— 14. R	IACE — American Indien, Black, White, atc. ipecify:				
	15. DECEDENT'S EDU	CATION	18a, DECEDENT'S	LIEUAL OCCUP	7101	101 VILID OF BI	IOINISOS (NIDUOTS	WHITE				
COMPLETED	(Specify only highest grade	completed)	(Give kind of	work done during use retired.)	most of working	18b. KIND OF BU	JSINESS/INDUSTR	IY				
2	Etementary/Secondary (0-12)	College (1-4 or 5+)	2211									
M	17. FATHER'S NAME (First, Middle, Last)	IONE	HOME 1	MAKER	10 MOTHER'S N	OWN H						
ö	JOHN R. DUNKERLY											
8E	19a, INFORMANT'S NAME (Type/Print)			0.1000500.00		ET G. BRYA						
0		T137	1.0			Route Number, City or Tox						
	CHRISTINE M. DORS	EY				NA PARK, M						
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from Stata	20b. PLACE OF DISPO				OCATION — City o					
	4 Donation 5 Other (Specify) 21, SIGNATURE OF THE HALL SERVICE LIC		MEADOWRIL		AND ADDRESS OF F	11-29 ELK	RIDGE,	MD				
	21, SIGNATORE OF THE DAY	2 11.1				NERAL HOME						
	THUNCV) II nu	en	-				E, MD 21061				
CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Phlu DUE TO (OR CVA	AS A CONSEQUENCE OF	OF):	ny ar	rest		Oneet and Death				
	PART II. Other significent condition	a contributing to dea	th but not resulting	in the underly	ving cause given in	Pert I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
: MEDICAL							ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C	back only one)						
2	EXAMINER?	HOSPITAL:	10-15-11-14 2 T DOA	OTHER:	And the second							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJU			iome 5 Residence	28d. DESCRIBE HOW	INJURY OCCURE	D				
	1 Natural 5 Pending	(Month, Day, Ye		JURY	WORK? YES 2 NO	200, DEVOTIBE HOW	INTO IT COCOTIE					
ВУ	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF IN.	JURY — At home, ferm			281, LOCATION (Street	t and Number or Ri	ural Boute Number				
ED	4 Homicide a Could not be determined	building, atc.	(Specify)	,,		City or Town, State						
a Could not be determined building, atc. (Specify) 29a. CERTIFFIRE (Check only one) 2 MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, dasth occurred at the time, data and piace, and due to the cause(a) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	JMBER	29d. DATE SIG	INED (Month, Day, Year)				
BE (lowm				D251	34	D 11.	25.91				
ТО	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Tyr.		21114							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE L	11 /11/03								
	NOV 2 9 199	1 Julia Dan	idson-Randel	23								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 completely filed in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

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2 7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
2	HOSPITAL L

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

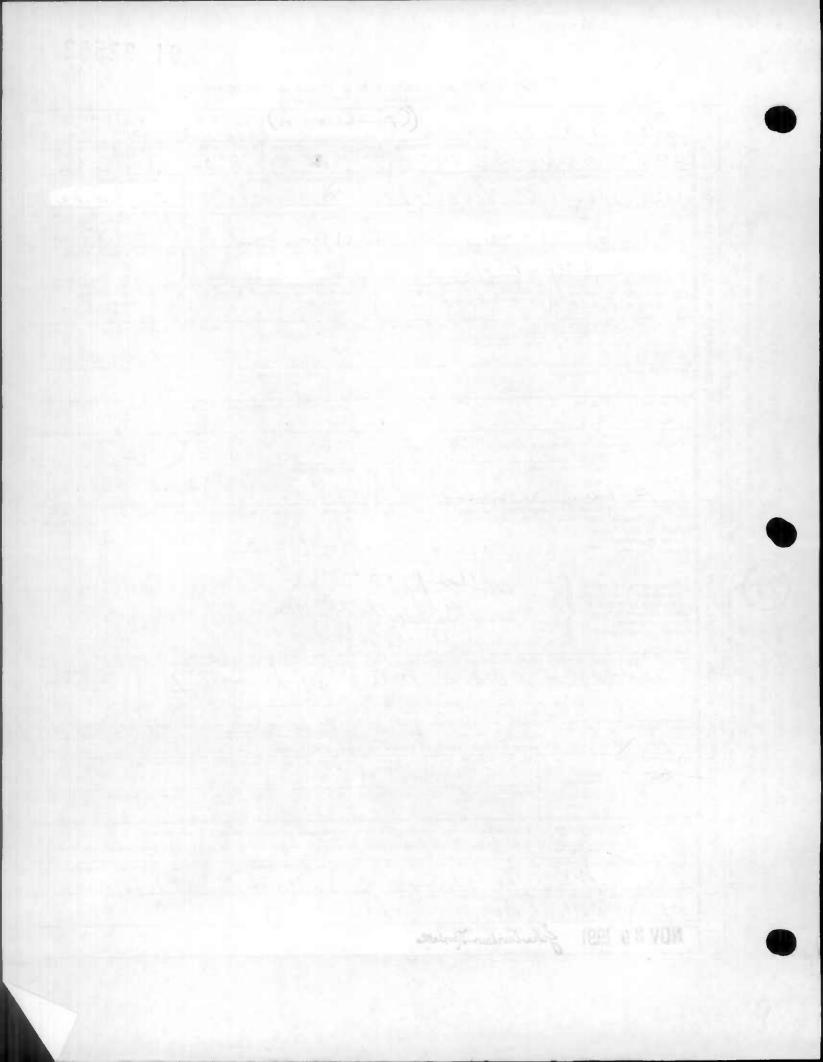
A. SOCAL SCUPITY PARMER 1. SEX 1. SEX 1. ACE (I) YELL INCOME INTERNAL TYPES 1. SEX 1. ACE (I) YELL INCOME INTERNAL STATUS 1. SEX 1. ACE (I) YELL INCOME INTERNAL STATUS 1. SEX 1. MARTIAL STATUS			ENTAL HYGIENE REG. NO.	HEALTH AND ME	TMENT OF H	D / DEPAR	ARYLAN	STATE OF MA	AR	1 - STATI
THE STORMANT'S NAME (Procedure) 10 Sementary (Secondary (0-12) 10 Sementary (0-12) 10 Seme	3. TIME OF DEATH (6.17 M	1 1	DATE OF DEATH DAY	2.	BONDS				by Girl	B
TRESIDENCE OF DECEDENT The STATE The COUNTY The STATE The STATE The STATE The COUNTY The STATE The	D	4/9 Country	(Month, Day, Year)	HOURS MIN.	MONTHS DAYS		B. AGE (In yn	1 M 2 F	orn	nev
106. STREET AND NUMBER 903 Pennsylvania Avenue Apt 2-B 11. MARITAL STATUS 11. MARITAL S	TH .			BINOR	Brit		Hosp	am to	OF DECEDENT	
3 Widowed 4 Divorced FYES, GIVE WARR OR DATES 1 YES 2 NO Specify: Specif	10d. INSIDE CITY LIMITS? 1 YES 2 NO	1	Baltimore						nd	
3 Wildowed 4 Divorced 1 VES 2 NO Specify: - American Indian,	USA NO. 14 BACE	ORIGIN? (Specify Yea or I	2 120 1	13. WAS DECE	S. ARMED	EVER IN U.S	12. WAS DECEDENT	ATUS	903	
Elementary/Secondary (0-12) College (1-4 or 5+) Inc. Mot use retired) 198. INFORMANT'S NAME (First, Middle, Last) 199. INFORMANT'S NAME (First, Middle, Maiden Surrame) Nakia Bonds Mother 903 Penna Avenue, Balto, MD 21201 200. PLACE AND DATE OF DISPOSITION (Name of a last of a l		Specify:		2 NO Specify:	1 TYES	n. DECEDENT'S	R OR DATES	IF YES, GIVE WAI	4 Divorced	3 □ Widow
19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code) 19c. METHOD OF DISPOSITION 1					e retired.)	life. Do NOT us			econdary (0-12)	Elements
Nakia Bonds Mother 903 Penna Avenue, Balto, MD 21201		245	ia Bono	Naki	ADDRESS (O	10h MAH INC				U too INFORM
Burlat 2 Cremetor 3 Ramoval from State 200. LOCATION - City or Town							her	Mot!	Bonds	Naki
Sequentially list conditions, and the death accused the death. Do not enter the mode of dying, euch as cerdiec or respiratory erreet, shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. DUSENIA LA TANASCY IN CURRY ISONOMICS OF: DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	n, State		y Board	ND ADDRESS OF FACILIT	22. NAME AN			n state	Cremation 3 Ram 5 Other (Specify) 1	1 Burial 4 Donati
if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	Approximete intervel Between Onset and Death	Iratory erreet,	s cerdiec or respirato	de of dying, euch as	ot enter the mod	line.	e on eech	List only one ceue	AUSE (Finel ndition	IMMEDIAT disease or
PART II. Other significent conditions contributing to death but not reculting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED?	5 havis			sphysia	The as	HASEONENCE OF	R AS A CON	DUE TO (O	o to immediate UNDERLYING see or injury events	Sequentia if any, leed ceuse. Ent CAUSE (Dithat initiat resulting in the country of the country
25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 1 MEDICAL 1 Mipstant 2 ER/Outpatlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Veer) (Month, Dey, Veer) 1 NJURY (Month, Dey, Veer) 28. TIME OF INJURY AT NURSY (Month, Dey, Veer)	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO	AUTOPSY 24b. WE RMED? AW CO OF	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOP.						PART II. O	
28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?					OTHER:	nt 3 🗆 DOA	R/Outpatien		12/16	25. WAS CAS EXAMINE 1 YES
	ute Number,	and Number or Rural Rout	t. LOCATION (Street and A	PK? YES 2 NO	JRY WOR	INJ	Year)	(Month, Day,	5 Pending investigation 8 Could not be	
3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.		nner as stated.	he cause(a) and manner	and place, and due to the	d at the time, data a	, dasth occurre	y knowledge	CIAN: To the best of m	1 CERTIFYING PHYSIC	29a. CERTIFII (Check o
296. SIGNATORE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER		29d. DATE SIGNED (Mo			Ckno	THIS		· Kr	AND TITLE OF CERTIFIER	29b. SIGNATO
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Univ of the Hospith Dept of Reds, 22 S. Correcte 31. DATA FILED (Mody), Gov. May 1 32. REGISTRAR'S SIGNATURE	5 t. Lalx	Greene :	225.6	Reds,		, De	the	D Hospi	. 6 1	

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Last) Emily Cr	osby			2. DATE OF DEATH	24 47	3. TIME OF DEA				
	213-18-3489	6. AGE (In	70 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF	(Month, Day, Year)	8. BIRTH Country OF D	Ma				
DIRECTOR	THE STATE OF DECEDENT	Hopkins &	ynewer.	Baoti	nore	Balti	nore!				
	100. STATE HIGH 10b. COUNTY		10c. CITY TOWN	OR LOCATION			10d. INSIDE CIT LIMITS? 1 YES 2				
FUNERAL	106. STREET AND NUMBER 5454 Whitwood Road 101. ZIP CODE 2/20 109. CITIZEN OF WHAT COU										
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	MAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 NO Specify	cen, Puerto Rican, stc.)		- American Indi				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) C	npleted) 1: College (1-4 or 5+)	ise. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BL	USINESS/INDUSTRY					
ш	17. FATHER'S NAME (First, Middle, Last) James Nelson			18. MOTHER'S N	IAME (First, Middle, Maider	oates					
TO BI	TOYCOR Brown		19b. MAILING ADDRESS	SS (Street and Number or Rura Whitwood	A Route Number, Gry or Fox	on, State, Zip Code) Balto	7/2/				
	20s. METHOD OF DISPOSITION 1 Second 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from Stats cemete	LACE AND DATE OF DISPO		DATE 200.10	ocation - city or to	wn, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H. West										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR AS A CO									
ICAL CE	PART II. Other algnificant conditions of Dementia, CV	antributing to death but	not, resulting in the u	nderlying cause given in	n, Part I. 24e. WAS AN PERFOI	RMED?	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF (DF DEATH?				
SICIAN:		OSPITAL: □ Inpatient 2 □ ER/Outpatie	ОТНЕ				1 YES 2 1				
ВУ РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED					
D B	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, atreet, fec		281. LOCATION (Street : City or Town, State)	and Number or Rural R	oute Number,				
回	building, etc. (Specify)										
	(Check only	n the basis of examination er	gs, death occurred at the ad/or investigation, in my	time, data and piecs, and du opinion, death occured at the	e firms, date end placs, er	nd due to the cause(s)	end manner se a				

ID THE HUSH ME UH AT LENDING PHYSICIAN: The law requirements the contract of the contract of the hospital or attending physician.	ned by the attending physician and a	ith and Mental Hygiene prior and	IMPORTANT: It let 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

	REGISTRAR	RYLAND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) A C		eest borough)	2. DATE OF DEATH DAY	6 91	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 5. D - 05 - 12 33 1 1 M 2 D F 9a. FACILITY NAME (if not institution, give street and number)	8 L YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year) 8 - 24 -	8. BIRTHPL Country)	ACE (State or Foreign		
DIRECTOR	BON SECULTS / YOR RESIDENCE OF DECEDENT	spital	96. CITY, TOWN OR LOCATION OF I	non e	9c. COUNTY OF DEA	TH		
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 110c. STREET AND NUMBER 11							
FUNERAL	1739 E. FEDERAL STR		10f. ZIP CODE 21213		USA	AT COUNTRY?		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 XNO Spec	an, Puarto Rican, atc.)		- American Indian, White, atc.		
TO BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) UNKNOWN College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSEKE	rk done during most of working retired.)	16b. KIND OF BUSH	NESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Lest) GEORGE MC ALILY		RACHAE					
	190. INFORMANT'S NAME (Type/Print) IRENE BLACK	196. MAILING A 1739 E	DDRESS (Street and Number or Rural FEDERAL ST.,	BALTIMORE,	MD 2121	13		
	20a. METHOD OF DISPOSITION 1 XI Burlal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of BALTIMORE, MD) 20b. PLACE AND DATE OF CHY OF TOWN, Stata 20b. PLACE AND DATE OF CHY OF TOWN, Stata 20b. PLACE AND DATE OF CHY OF TOWN, Stata 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F		E. NORTH	AVE. 21202		
	23. PART I. Enter the diseases, or complications that contains the con	on each line. AS A CONSEQUENCE OF):	anytum	ch as cardled or reapire	atory erreat,	Approximate Interval Between Onaet end Death		
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF:	dratum rul has					
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to de	eth but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AI PERFORM	NO OI	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 / YES 2 NO 1 No pital: 1 No pital: 2 EE		28. PLACE OF DEATH (C)	neck only one)				
BY PHYS	27. MANNER OF DEATH 28a. DATE OF INS. (Month, Dey.)	URY 28b. TIME		6 Other (Specify) 28d. DESCRIBE HOW INJ	JURY OCCURED			
8	2 Accident investigation 3 Suicide 8 Could not be detarmined 4 Homicide Could not be detarmined 28a. PLACE OF INJURY — A1 home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axemi	knowledge, death occurred	at the time, data and place, and dur in my opinion, death occured at the	to the cause(s) and manne time, data and place, and	er as stated. due to the cause(s) as	nd manner as statad.		
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	un	DIE UCENSE NU	327	29d. DATE SIGNED (M	onth, Day, (Year)		
I	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27), (Type, Pi	in 2/220		,,,,,			
	31. NITY 2 9 1991 432. REDISTRAR'S	SIGNATURE RANGE						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the determinant is executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by	be filed within 72 hours after death with the State Dept. of Health and the second principle of the second of the	IMPORTANT: If item 28 is marked, or item 23 shows any injury or either traumatic event, the medical examiner must be notified at once.

6	DECEDENT'S NAME (First, Middle, Las	(B)	D. 6	ch	in	ch			DATE OF DEATH MONTH 2	AY	YEAR 9 9 1	3. TIME OF DEATH			
13	SCIAL SECURITY NUMBER	5. SEX	8. AGE (In	n yrs. last bii		F UNDER 1 YEAR	IF UNDER 24 H		DATE OF BIRTH) 1		HPLACE (State or Foreign			
_	20-86-2676 FACILITY NAME (If not institution, give	1 🕅 M 2 🗆 F	17		YRS.				(Month, Day, Year) 1-27-74			MD			
St. COUNTY OF BEATH															
RE	STATE 10b. COUN		LLEE			Baltim TOWN OR LOCA									
MD						ALTIMOF						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10a.	STREET AND NUMBER				- 01		f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?			
	2804 ORLEANS ST						21224				U.S.	Α.			
1 💢	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp	CENDENT OF HIS secify Cuban, Mi i 2 (X) NO S	xican,	ORIGIN? (Specify Ya Puarto Rican, atc.)	s or No—	14. RACI Blac Spec	E — American Indian, k, White, atc.			
	15. DECEDENT'S Et (Specify only highest gra			(Give I	kind of work	UAL OCCUPATI k done during me	DN ost of working		16b. KIND OF BU	SINESS/INC	DUSTRY				
	9TH	College (1-4 or 5		life. Do	IPLOYE	etired.)									
	TATHER'S NAME (First, Middle, Last) CHURCH,	ARNOLD					18. MOTHER'S	RET	(First, Middle, Maiden JONES	Sumame)					
	INFORMANT'S NAME (Type/Print)								te Number, City or Tow						
	ARGARET HENSON							LTI	MORE, MD						
20s. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removat from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) BURKLEY MEM. PK. CEM. DATE 20c. LOCATION - City or Town, State DARLINGTON, MD															
	NONATURE OF FULL CO.		- L DO	MELI	I IILII		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE								
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21. S 23. IMMM diserest Seq if arr cause CAU that resure PAR 1 1 27. M 1 2 3 3	PART I. Enter the diseases, of ahock, or heart failure also rease or condition and the above the sease or conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or Injury to initiated eventa uiting in death) LAST AT II. Other aignificant conditions and the above the above the algorithms and the above th	complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatiant 2 28e. DATE OF (Month, p. Month, p.	(OR AS A CO (OR AS	the death the de	DOA OT INJURY 3: 35	22. NAME A WM.C. enter the mo JUP((the underlying the underlying 26. PI THER: Nursing Hom THER: WC AM 1 1	MARCH I de of dying, George given ACE OF DEATH S GRANIDARY RES 2 X NO	in Pa	AT I. 24a. WAS AN PERFORMANCE ONLY ONE) TO THE CONTROL OF THE CON	AUTOPSY IMED? O ad with the standard occurrence of the standard occurrence o	24b.	Approximate Interval Betwee Onaet and De Ona			
21. S 23. IMMM diserrest Seq if ar rest CAU that resu PAR 25. W E 1 27. M 1 29a. ((()	PART I. Enter the diseasea, of ahock, or heart failure MEDIATE CAUSE (Final ease or condition uiting in death) Quentially list conditiona, my, leading to immediate ise. Enter UNDERLYING USE (Disease or Injury t initiated eventa uiting in death) LAST AT II. Other algnificant conditions. WAS CASE REFERRED TO MEDICAL EXAMINER? I X YES 2 NO IANNER OF DEATH Natural 5 Pending Investigation Suicida 6 Could not be detarmined CERTIFIER 1 CERTIFYING PHY	complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatiant 2 28e. DATE OF (Month, p. (Month	(OR AS A CO (OR AS	the death ch line. CONSEQUE! CONSEQUE! CONSEQUE! Them 3 1 28 3 3 4 4 4 4 4 4 4 4	DOA OT A COLUMN ATTER	22. NAME A WM . C . enter the mo JUP((the underlying the unde	MARCH Side of dying, de of dying, g cause given ACE OF DEATH a 5 Rasidar URY AT RICY and place, and	in Pa	AT I. 24a. WAS AN PRAFOR INVES 2 TO THE COLOR (Specify) To d. DESCRIBE HOW II City or Town, State) The Cause(s) and mar the cause(s) a	AUTOPSY MED? O a d W NJURY OCC an S and Number nt & siner as atat	24b. 24b. 22b. 22cured or Rural F. 25	VENUE Approximate Interval Between Onaet and De Onaet an			
21. S 23. IMMM diserest cause CAU that resures PAR 25. WE E 1 27. M 1 29e. (() () 0	PART I. Enter the diseasea, of ahock, or heart failure MEDIATE CAUSE (Final ease or condition uiting in death) Quentially list conditions, my, leading to immediate see. Enter UNDERLYING USE (Disease or Injury t initiated eventa uiting in death) LAST AT II. Other algnificant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [X YES 2 NO IANNER OF DEATH Natural 5 Pending Investigation Suicida 6 Could not be detarmined by the condition of t	complications that it is complications that it is contributing to the contribution to	(OR AS A CO (OR AS	the death ch line. CONSEQUE! CONSEQUE! CONSEQUE! Them 3 1 28 3 3 4 4 4 4 4 4 4 4	DOA OT A COLUMN ATTER	22. NAME A WM . C . enter the mo JUP((the underlying the unde	MARCH I de of dying, de of dying, Geause given ACE OF DEATH a 5 Residen URY AT RICY ES 2 NO and place, and math occured at	in Pa	A CONTROL STREET HOW IN CATON STREET HOW IN CATON (STREET HOW IN CATON (STREET HOW IN CATON (STREET HOW IN CATON OF TOWN, State) THE CAUSE(S) and mar a, data and placa, an	AUTOPSY Instory and AUTOPSY IMPED? IN NO O ad W NJURY OCC an S and Number of the Second Secon	24b, 24b, 24b, 25 and a causa(s	Approximate Interval Betwee Onaet and De Onaet and Toleran Tol			
21. S 23. IMMM diserest cause CAU that resures PAR 25. WE E 1 27. M 1 29e. (() () 0	PART I. Enter the diseases, of ahock, or heart failure allowed and the asset of conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or Injury to interest to initiated eventa utiting in death) LAST AT II. Other aignificant conditions and the amount of the am	complications that it is complications that it is contributing to the contribution to	(OR AS A CO (OR AS	the death ch line. CONSEQUE! CONSEQUE! CONSEQUE! Them 3 1 28 3 3 4 4 4 4 4 4 4 4	DOA OT A COLUMN ATTER	22. NAME A WM . C . enter the mo JUP((the underlying the unde	MARCH Side of dying, de of dying, g cause given ACE OF DEATH a 5 Rasidar URY AT RICY and place, and	in Pa	A 1. 24a. WAS AN PREFOR 1 VYES 2 Only one) Xother (Specify) To d. DESCRIBE HOW II CAT TOWN, State) The Course of the cause(s) and mare, data and place, and in the cause(s) and mare, data and place, and in the cause(s) and mare, data and place, and in the cause(s) and mare, data and place, and in the cause(s) and mare, data and place, and in the cause(s) and mare, and in the cause(s) and mare the cause(s) and the cause(s) and the cause(s) and the	AUTOPSY Instory and AUTOPSY IMPED? IN NO O ad W NJURY OCC an S and Number of the Second Secon	24b, 24b, 24b, 25 and a causa(s	WENUE Approximate Interval Betwee Onaet and De Onaet and			

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

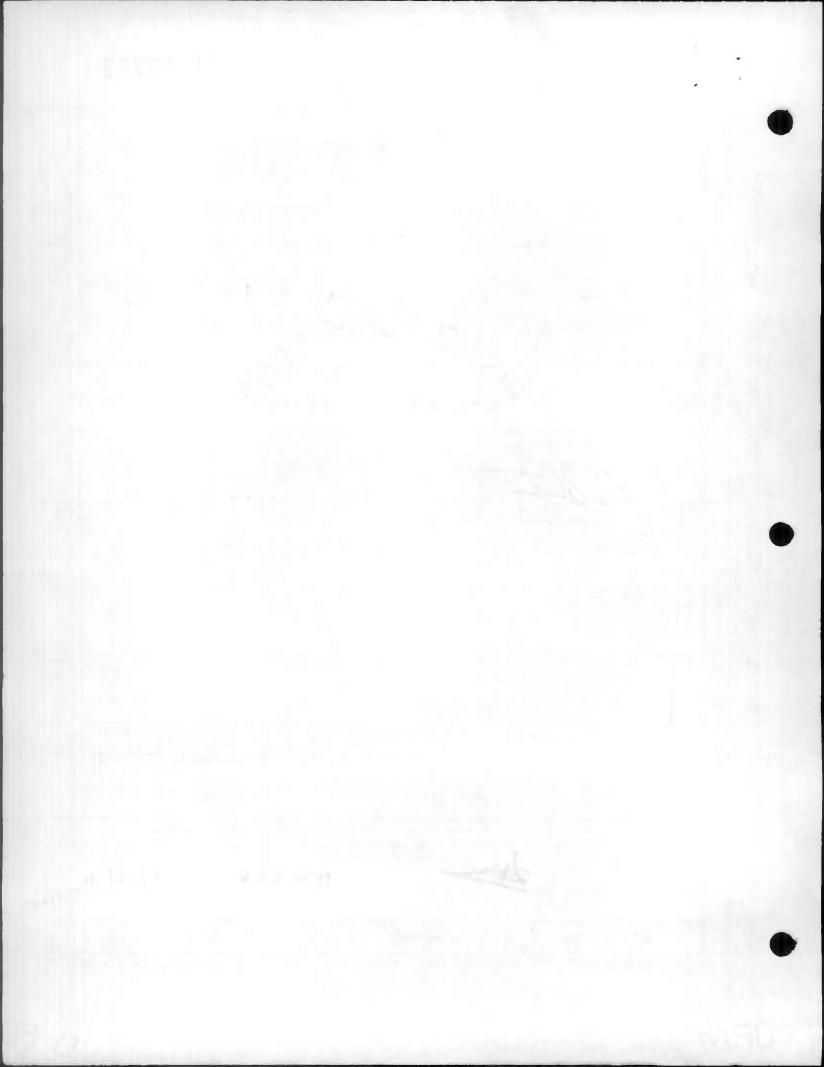
	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, CECIL C		ELL						2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-458	5. SEX	3. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	6 6	8. BIRTHI Country	PLACE (State or Foreign
			84	YRS.			May 22, 1907 Virgin			rginia		
Œ	90. FACILITY NAME (If not institution,	give street and number) Aritan Hosp	oi+ - 1		9b. CITY, TOWN OR LOCATION OF DEATH Baltimore				EATH	9c. COUN		
DIRECTOR	RESIDENCE OF DECEDEN		JICAL			Bal	CIMO	ore			I	V/A
E I	10e. STATE 10b. Co			10c. CIT	Y, TOWN O	R LOCAT	TION					10d, INSIDE CITY
	MD E	Baltimore		1	Baltimore							LIMITS?
FUNERAL	100. STREET AND NUMBER					101	, ZIP COD	E		10g. CITIZ		HAT COUNTRY?
声	19 Fuller A	venue					212	206		U	SA	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	s or No-	14. RACE	- American Indian, White, atc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAI			1	YES	2 X NO	Specify	ri, Puerto Ricen, etc.)		Specify	
딛	15. DECEDENT'S (Specify only highest	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementer/(Sacondary (0.12) College (1.4 or 5.)					ON of words		16b. KIND OF BI	JSINESS/INDU	JSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)			nis		OF WORKE	19	T 1	_ , ,		_
MP	7 3 3 3 3								Intern	latio:	nal	Paper
	17. FATHER'S NAME (First, Middle, Last John H. Cam						18. MOT		ME (First, Middle, Maide	,		
B	19a. INFORMANT'S NAME (Type/Print)								lone Hin			
2	Mary Ely								Route Number, City or Tox			
	20e. METHOD OF DISPOSITION			-	Doz			koad				.204
	1 Donation 5 Other (Specify)					POSITION (Name of DATE 20c. LOCATION — City or Town, State Cemetery 11/30 Parkville, MD						
	21. SIGNATURE OF FUNERAL SERVICE	()	/		22. N	AME AN	D ADDRE	SS OF FAC	CILITY			
	Cono	L. Ebau	1		8	521	Lo	ch F	neral Ho Raven Bl	vd.	2	o., MD 1204
	23. PART i. Enter the diseases, shock, or heart fail	or complications that ourse. List only one cause	eused the de	ath. Do r	ot anter	the mo	da of dy	ing, suct	as cardiac or read	elratory arre	st,	Approximate
	IMMEDIATE CAUSE (Final Onset and Deat								Interval Batween Onset and Death			
	resulting in death)											
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	UENCE OF	neo			au	une			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	· M	10 cou	ture heart failure NSEOUENCE OF): andial infanction NSEOUENCE OF):								
E	that initiated events	DUE TO (O	AS A CONSEO	UENCE OF	Artery Diseas			\				
ER	resulting in death) LAST	d. C	oron	au	Y A	1	ery		Inseas	se		
- 11	PART II. Other significant cond			ot resulting in the underlying cause given in Part I.								
EDICAL				· ·	., the ent	citying	l cansa é	givani ini r	PERFO	RMED?	1	WERE AUTOPSY FINDINGS
									1 DY YES	2 NO		COMPLETION OF CAUSE OF DEATH?
2									-		1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA	AL				26. Pt.	ACE OF O	FATH (Che	ck only one)			
Sic	EXAMINER?	HOSPITAL:	R/Outpatiant 3	DOA	OTHER:				B Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY	28b. TIME	OF :	8c. INJU	JRY AT		28d. DESCRIBE HOW	NJURY OCCL	JRED	
ВУ	1 Netural 5 Pending 2 Accident Investigat		rear)	INJ	M	1 Y	RK7 ES 2	NO				
EDE	3 Suicide S Could no	28e. PLACE OF II	NJURY — At hon	na, ferm, a	treet, factor	y, office			281. LOCATION (Street	and Number o	r Rural Ro	ute Number,
	4 Homicide determine	d							City or Town, State,			
COMPLET	29e. CERTIFIER (Check only	HYSICIAN: To the best of my	knowledge, das	th occurre	d at the tim	e, data	end place.	end due t	to the cause(e) and me	nner en eteter		
OM	one) 2 MEDICAL EXA	MINER: On the beels of exem	ination end/or in	rveatigation	n, In my op	inion, de	with occur	ed at the t	Ime, data end place, er	nd due to the	ceuse(a)	and manner ee stated.
3 I	296. SIGNATURE AND TITLE OF CERT							NSE NUMI				Aopth, Day, Year)
0	Deepeh	~ kin	IN	TERN	Pat	I				▶ (1)	126	191
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)					,,,		
	NOV 29 199	30. BEGISTBAR'S	SIGNATURE									
	1107 60 133	Julia David	son-gand	مالا								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERI	IFICAT	E OF	DEAL	H	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	CLIFTON V	VELLINGTON	COLE	HOUS	Ε		2. DATE OF D	DEATH DAY	91	YEAR	3:40A M
	4. SOCIAL SECURITY NUMBER 220 22 5370	5. SEX	6. AGE (In yrs. last birthd	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF B	IRTH		8. BIRTHPL Country) BALT	ACE (State or Foreign IMORE, MD.
SR	9a. FACILITY NAME (If not institution, give s VA MEDICAL CENTER	treet and number)			Y, TOWN O	WARD	ON OF DE			9c. COUNTY OF DEATH BALTIMORE,		
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND BALTI				TY, TOWN OR LOCATION IGHLANDS							Dd. INSIDE CITY LIMITS? YES 2 NO
AL	10e. STREET AND NUMBER	33.7 5.00			10	ZIP COD	E			10g. CITI	ZEN OF WN	AT COUNTRY?
FUNERAL	16 N. TWIN CIRCLE					2122				USA		
BY	11. MARITAL STATUS Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI KOREAN	13	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify If yes, epecify Cuben, Maxican, Puerto Ricen, etc.) 1 YES 2 NO Specify:					or No—	14. RACE Black, 1 Specify:	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDEN (Give kind	d of work done	during me	ON ost of workli	ng	16b. KIN	D OF BUS	INESS/IND	DUSTRY	
J.E.	Elementary/Secondary (0-12) 10 YRS.	Collega (1-4 or 5+) NONE	MECH	OT use retired.)			н	7 Δ ጥ Τ Ν	JC AN	ID ATE	R CONDITION
OMI	17. FATHER'S NAME (First, Middle, Last)	NONE	MECH	ANIC		18. MOT	HER'S NAI	ME (First, Middle			ווא מוי	CONDITION
BE C	CLIFTON COLEHOUSE					ANN		(LO)	. \			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	LINQ ADDRES	SS (Street	and Number	r or Rural F	Route Number, C	ity or Town	, State, Zip	Code)	
F	RONALD COLEHOUSE		_		_			N BURN	IE, N	4D 21	1061	
	204 METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE OF DIS other place) GLEN HA					11-30			RNIE,	
	21. SIGNATURE OF FUNERAL SERVICE LI		22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061						MD 21061			
	23. PART I. Enter the diseases, or	Valle	annual that to still the	_								Approximata
	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	BRAIN	DAMAGE SEC		RY TO	CLO	SED I	HEAD II	NJURY	Y		interval Batwean Onast and Death
TION	Sequantially list conditions, if any, leading to immediate	OR AS A CONSEQUENC	NSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUENC	CE OF):	ΣF):							
	PART il. Other algnificant condition	na contributing to	death but not result	ing in tha	undariyir	g causa	given in	Part I. 24s	. WAS AN			VERE AUTOPSY FINDINGS
EDICAL	VEGETATIVE STATE	SINCE MO	RE THAN A	YEAR				10	PERFOR			WAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
Σ	SEIZURE DISORDER											YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF E	DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 Oc	OA 4 N		na 5 🗆 R	aaldanca	6 Other (Sp	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		TIME OF INJURY M	W	JURY AT DRK? YES 2 [□ NO	26d. DESCRI	BE HOW II	NJURY OC	CURED	
ETED B	3 Suicide 6 Could not be datarmined	28e. PLACE Of building,	F INJURY — At home, fa atc. (Specify)	erm, street, fo	actory, offi	Dan .		28t. LOCATIO City or To	ON (Street s own, State)	and Numbe	or Aurel Ao	ute Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN		my knowledge, death or amination end/or invest									and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	268	m				ENSE NUI	MBER 2-8		29d. DAT	TE SIGNED	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	SE OF DEATH (ITEM 27)	(Type, Print)								
	31. DATE FILED (Month, Day, Year)	32. RHIBISTRA	R'SISIGNATURE Y	delle.					Y			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital TO THE FUNKRAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to find within 77 bours after cleant with the State Dept. of Health and Mental Hygher prior to burnly, certainly or removal, or removal, or removal.

		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE 9	32586						
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH						
	218-34-2497 1 ☑ M 2 ☐ F 54 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) May 15, 1937	6. BIRTHPLACE (State or Foreign Country) Maryland						
DIRECTOR	University of MD Hospital Baltimore City									
	Managara and Aura and	1en Burnie	40a CIT	10d. INSIDE CITY LIMITS? 1 YES 2 NO IZEN OF WHAT COUNTRY?						
FUNERAL	12.5 Carroll Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21060	NIC ORIGIN? (Specify Yee or No	S. A. 14. RACE — American Indian.						
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced Specification FORCES? 1 Name of Divorced FORCES? 1 Name of DATES Korean Conflict 15. DECEDENT'S EDUCATION 16. DECEDENT'S US	If yes, specify Cuben, Mexico	y.	Specify: White						
COMPLETED		done during most of working tired.)	Banking	DUSTRY						
BE CO	17. FATHER'S NAME (First, Middle, Last) Harry J. Christopher		MME (First, Middle, Maiden Surneme) ille E. Worthir							
TO B	01. '	DRESS (Street and Number or Rural	Route Number, City or Town, State, Zign Burnie, Maryl	Code)						
	1 00 burner 3 0 contention 3 0 bentitives from State Content	plece) Mem. Pk. 11/3	DATE 20c. LOCATION — 0/91 Glen Burni	City or Town, State						
	21. SIGNATURE OF FUNNISH THE SERVICE IS	22. NAME AND ADDRESS OF FA Kirkley-Ruddio 421 Crain Hwy	скич ck Funeral Home ., S.E. Glen Bu							
NO	23. PART i. Enter the disease, or complications that caused the death. Do not shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions.	Nay CLICS	h ee cardiec or reepiretory an	reet, Approximete interval Between Onset end Death						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): Cerebellar hemorrhage DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the End stage renal disease, diabetes mellitus, hy		Part I. 24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
SICIAN		26. PLACE OF DEATH (Ch								
ву РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	Nursing Home 5 Recidence 28c. INJURY AT WORK? M 1 YES 2 NO	a Cother (Specify) 28d. DESCRIBE HOW INJURY OCC	CURED						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, etree building, etc. (Specify)	t, factory, office	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,						
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the control of the best of examination end/or investigation, in	the time, date end place, end due my opinion, death occured at the	to the ceuse(e) end manner ee stat films, date end piece, end due to th	ed. e couse(e) end menner ee stated.						
TO BE	29c. LICENSE NUMBER 1951 1 26 01									
	31 MALE VILLOUITE VAND 0 32 REGISTRAR'S SIGNATURE V	So CHOOME S4 1	Ralt MO	21201						
	NUV 2 9 9991 Jula Davidson-Randell									

Pages 1, 2, 3 should

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DIRECTOR

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this certificate ha with the State D irked, or item 3

After t death

FUNERAL DIRECTOR: within 72 hours after

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 h

marked,

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CERTIFICATION

MEDICAL

PHYSICIAN:

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a Davidson-Randell

completely filled in by the rial, cremation, or removal.

an and com to burial, traumatic

been signed by the attending physician of Health and Mental Hygiene prior to

91-6586- FOR Items STATE REGISTRAR	510 23
1. DECEOENT'S NAME (First	, Middle, I
KIT	
4. SOCIAL SECURITY NUME	BER
rear of - 1814 Wilk RESIDENCE OF DEC	
IOa. STATE	10b. CO
Maryland	
IOe. STREET AND NUMBER	
LKA: 1635	W.L
11. MARITAL STATUS	

part STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO t, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH CLAXTON PM 11 0.8 1991 10:38 BER 5. SEX 8. AGE (In yrs. lest birthday) 7. OATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 1 M 2 F MONTHS DAYS HOURS MIN. 33 YRS. 3-19-1958 nstitution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ens Avenue NA Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore na YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? W.Lafayette Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) in State Ronald Wade, Dir 22. NAME AND AODRESS OF FACILITY STATE ANTOMY BOARD 11-25-91 655 W. Baltimore St, Balto.MD 21201 an deer 23/ PART i. Enter the/diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, Approximete shock, or heart feilure. List only one cause on each line. intervei Between IMMEDIATE CAUSE (Fine) Onset end Death disease or condition . Cocaine intoxication recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditione, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatiant 2 | ER/Outpetlant 3 | DOA OTHER: 1 XYES 2 NO 4 Nursing Home 5 Residence & X Other (Specify) Vacant lot 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF P 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending /8/91 found 10:30 M t YES 2 NO subject ingested drug 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 X Could not be 4 Homicide datarmined Unknown Jnknown 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 [X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) O.C.M.E. 09 1991 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF 111 Penn Street, Baltimore Maryland 21201 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.
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	10	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E P

31. DATE FILED (Month, Day, Year)

9 1991 Julia William Pandelle

									91	32	258	8
	1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	RTMEN	IT OF I	HEALTH AN	ND MEI	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) MINNA C. DEAN							2.	DATE OF DEATH MONTH	DAY	YEAR GI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-16-3855	5. SEX 1 M 2 X F	6. AGE (In yrs. I	last birthday) YRS,	IF UNDE	DER 1 YEAR DAYS	IF UNDER 24 H	HRS. 7. I	DATE OF BIRTH (Month, Day, Year) AR. 20, 19	000	6. BIRTHP Country	PLACE (State or Foreign ARYLAND
TOR	9e. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY 10c. C						OR LOCATION DOWNE,					10d. INSIDE CITY LIMITS? 1 YES 21 NO
FUNERAL	100. STREET AND NUMBER 3215 HAMMONDS I	3215 HAMMONDS FERRY ROAD					21227		10g. CIT		HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yee, sp	CENDENT DF HI pecify Cuben, Mo 5 2 NO S	lexicen, Pu	ORIGIN? (Specify Yes uerto Ricen, etc.)	s or No—	Bleck,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9TH GRADE	CATION completed) College (1-4 or 5 +	+)	DECEDENT'S (Give kind of ville. Do NOT us HOMEMA	work done ise retired.)	L OCCUPATION one during most of working d.) 16b. KIND OF BUSINESS/INDUSTRY						
ш	17. FATHER'S NAME (First, Middle, Last) CHARLES HUSS								I First, Middle, Meiden NA HEINR	,		
TO B	190. INFORMANT'S NAME (Type/Print) ARTHUR H. DEAN		1						Number, City or Town			22
	20e. METHOD OF DISPOSITION 1 M Buriet 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)		cemetery, cr	EANDDATE C crematory or of Y HILI	ther place,	MORI	AL GARI	DEN :	11/30 MI		City or Town	
	HOLLY HILL MEMORIAL GARDEN 11/30 MIDDLE RIVER, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HOLLY HILL MEMORIAL GARDEN 11/30 MIDDLE RIVER, MD. 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229											D. 21229
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cause	ise on each fin	leath. Do n	not enter	r the mo	de of dying,	such aa	cardiac or reapi	ratory arr	rest,	Approximate interval Between Onaet and Death
NO	Sequentially list conditions,	b. GAS	TRUENTE	RITIS								4 Days
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
- 1	reaulting in death) LAST											
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DEHYDRATION 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 KNO							A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?			
PHYSICIAN: MEDICAL	ANEMIA OF DEATH? 1 YES 2 M NO											
YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO	HOSPITAL;	ER/Outpatient	3 DOA	OTHE	R:	ACE OF DEATH					
ВУ РН	27. MANNER OF DEATH 1 S Netural 5 Pending 2 Accident Investigation	26e. DATE OF I (Month, Da	ay, Year)		E OF IURY M	26c, INJL WDI 1 Y	URY AT PRK? YES 2 NO	28d.	DESCRIBE HOW IN	JURY OCC	CURED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, e	F INJURY — At he etc. (Specify)	ome, ferm, e	treet, fect	tory, oHice	Þ	28t.	LDCATION (Street & City or Town, State)	nd Number	or Rural Rou	ite Number,
COMPL	29e. CERTIFIER (Check only one) 1 S CERTIFYING PHYSIC MEDICAL EXAMINER	HAN: To the best of a	ny knowledge, de amination end/or	eath occurre	nd at the t	time, date	end plece, end eath occured at	due to the	ceuse(e) end men date end piece, en	ner ee stete	led. ne ceuse(s) d	and menner es steted.
38 C	29b. SIGNATURE AND TITLE OF CERTIFIER Localing p. Buch	for Dr.	KENNET			AS	29c. LICENSE	NUMBER			E SIGNED (M	Aonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO RODELLO M. BUCK		ST. AGN			ITAL						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transitive within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	issocial the modes of item 22 chairs are other trainfolls event the medical eventual modified at once
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1. DECEDENT'S NAME (First, Middle, Last)					DUNH				2. DATE OF DEATH			Q'EAR	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 016 16 0234	BER	5. SEX 1 M 2 D F	6. AGE (In yrs. 85	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE (Month May	OF BIRTH , Day Year) 7 2 2, 1	906	6. BIRTI	HPLACE (State or Foreign ry)
9a. FACILITY NAME (If not in Howard Cou	9a. FACILITY NAME (If not institution, give street and number) Howard County GeneralHospital					96. CITY, TOWN OR LOCATION OF DEATH COLUMBIA 1000 1000 1000 1000 1000 1000 1000 10					DEATH		
RESIDENCE OF DEC 10a. STATE Maryland	STATE 10b. COUNTY			10c. CIT 59	ry Town OR LOCATION 07 Grand Banks Road Col					Colu	mbia		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 5907 Grand Banks Road						101. ZIP CODE 10g. CITIZEN OF WHAT COL					1 ☐ YES 2 ☐ NO WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN' If yes, specify Cuben, Mexican, Puerto R 1 YES 2 NO Specify:							E - American Indian, ik, White, etc.		
	EDENT'S EDUC y highest grade 0-12)			DECEDENT'S (Give kind of life. Do NOT u	y Fal	during mo	ON st of work	ing	16b.	KIND OF BU	SINESS/INI	DUSTRY	
	17. FATHER'S NAME (First, Middle, Lest) William Dunn									Middle, Meiden Swell	Sumame)		
Mrs Marion L Dunn 190. MALLING ADDRESS, (Stroot and Number of Purel Poun Number of Purel Poun State of Columbia Address Sound Columbia A													
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State other place) 4 ☐ Donetion 5 ☐ Other (Specify) Metro			r place)		ematory Inc				Catonsville Md,				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE						22. NAME AND ADDRESS OF FACILITY Harry H Witzke Funeral Home Inc. 4112 Old Columbia Pake Ellicott City							
* Har	y &	· Will	the		H:	arry 112	old V	Vitzk Colu	ce Fu imbia				City
23. PART I. Enter that dishock, or himmediate CAUSE (Findisease or condition resulting in death)	nal	DUE TO	use Dn aach i	ina. Inge	H; 4	arry 112	Old de of dy	Vitzk Colu	mbia	liac or reap			Approximata interval Batwa
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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	requires th	een signed of Health	shows an
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	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 h	IMPORTANT: It i

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO						
1. DECEOENT'S NAME (First, Middle, DOROTHE	DOROTHED 17	THBURK	ARN DITCHBURN	2. DATE OF DEATH	11-25-8	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER	1/	(In yrs. last birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	HRTHPLACE (State or Foreign				
579 62 8499		80 YAS.	S DATS HOURS WIN.	5.17.11		tario, Canada				
9a. FACILITY NAME (If not institution,	give street and number)	9b. C	ITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH				
5 10103 Windst	ream Drive		Columbia			Howard County				
RESIDENCE OF DECEDEN		10c, CITY, TOW	N OR LOCATION			10d. INSIDE CITY				
10103 Windst RESIDENCE OF DECEDEN 100. STATE 100. CT	TUARD	COLIN	MBIA			LIMITS?				
			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
100. STREET AND NUMBER 10(03 in 1)STRE 11. MARITAL STATUS 1. Never Married 2 □ Married	AM DR.		21044		Cana	da				
11. MARITAL STATUS	12. WAS DECEOENT EVER		3. WAS DECENDENT OF HISPA		a or No.— 14.	RACE — American Indian, Black, White, atc.				
	FORCES? 1 YES	DATES	If yes, specify Cuben, Maxic			Specify:				
		no		no		WHILE				
15. DECEDENT'S (Specify only highest	grade completed)	18a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	18b. KINO OF BU						
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)			Britis						
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last	et)		18 MOTHED'S N	Mash: AME (First, Middle, Maider	ington.	DC				
19a INFORMANT'S NAME (Type/Print)		19b. MAILINO AOOR	ESS (Street and Number or Rural	Sarah Mati						
Herbert Ditch			ce Arthur Ave							
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITION	(Name of cemetery, crematory or		CATION - CITY					
1 Burial 2 Cremation 3 4 Donalion 5 Other (Specify)		other place)								
21. SIGNATURE OF PUNERAL SERVI	DOMERON 5 UNITED STATE ANATOMY BOARD 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD									
Vanney 1	Marie		555 W. Baltim							
23 PART I Enter the diseases	- P									
shock, or hasrt fall	PART I. Enter the disassa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final									
disease or condition resulting in death)	a. MUTCHEL DUE TO (OR AS	A CONSEQUENCE OF):	501			MIN.				
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						1 YES 2 NO				
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25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pandion			26. PLACE OF DEATH (C	check only one)						
1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		IER: Nursing Home 5 Residence	8 🗆 Other (Specify)						
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO				
1 Netural 5 Pending 2 Accident Investige		N	1 YES 2 NO		LOCATION (Street and Number or Rural Route Number, City or Town, State)					
3 Suicide 8 Could no	or be building, atc. (Sp.	IY — Al home, farm, street, ecily)	factory, offica	281. LOCATION (Street City or Town, State						
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Conson only	PHYSICIAN: To the best of my known MINER: On the best of examination					use(a) and menner as stated				
290 BOHANUBS AND TITLE OF CER		The control of the co								
in the of Ger	JAA / IMMI)		29c. LICENSE NI	UMBER 27	29d. DATE SI	ONED (Month, Day, Year)				
			009552 11.25,							
30 NAME AND ADDRESS OF PERSON	N WHO-COMPLETED CALLES OF O	EATH /ITEM 27 /T CIT-								
30, NAME AND ADDRESS OF PERSON T.A. DADISMAN	MAD 7 KARRI	EATH (ITEM 27) (Type, Print)	E MIMA	7 110	1045					
30. NAME AND ADDRESS OF PERSON T. A. DADISMAN 31. DATE FILED (MORIE, Day, 1992)	N WHO COMPLETED CAUSE OF D MD Z KNOW 32. REGISTRAR'S SIG	NORTH DON	E COMMAIN	9 NO 2	4045					

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n	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours then	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the	1000
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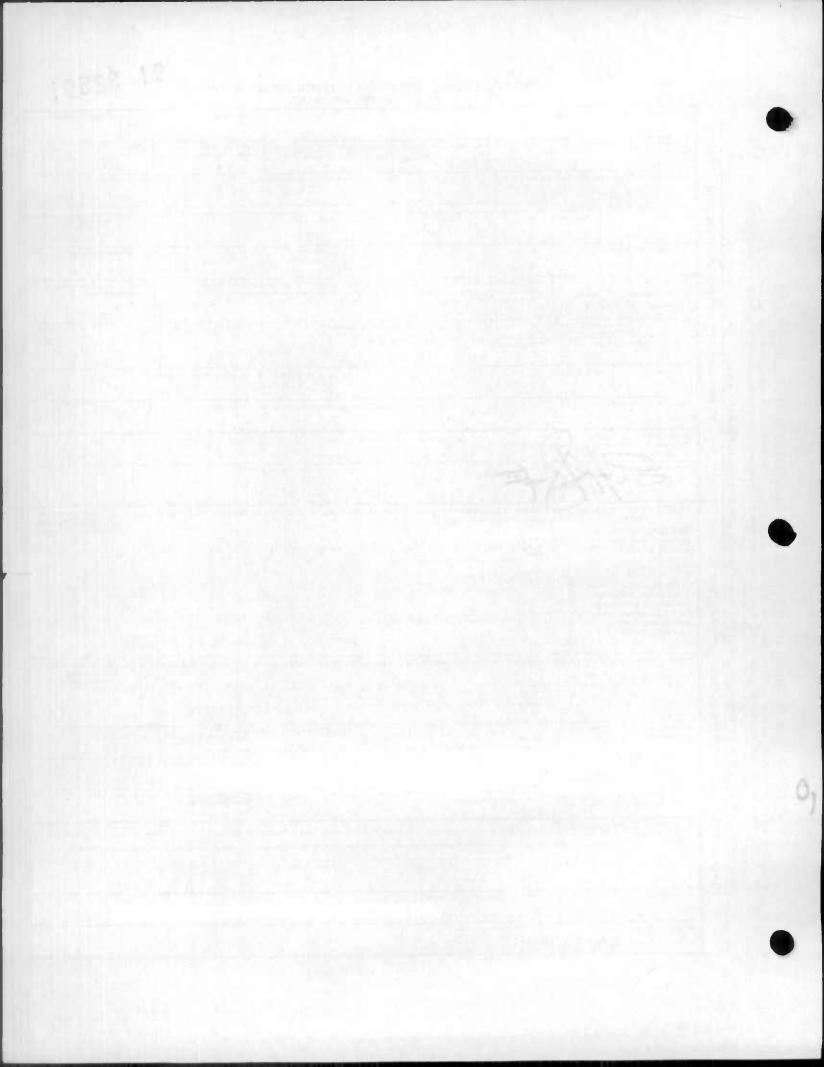
91 32591 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 DAY Nov. 25, ELEANORA ERMER 4. SOCIAL SECURITY NUMBER PAPE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Maryland DAYS 1 M 2 F 218-03-0154 A 78 YRS. 1918 9e. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5610 Remmell Avenue Baltimore RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 ND FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5610 Remmell Avenue 21206 U.S.A, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No—
If yea, specify Cuben, Maxican, Puerlo Ricen, etc.) 14. RACE — American indien, Black, White, etc. 1 Never Merried 2 Married
3 Wildowed 4 Divorced BY 1 YES 2 NO Specity: White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specity only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Otto Schueller Born Louise 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Charles R. Frmer 5610 Remmell Ave. Balto. Md. 21206 20s. METHOD OF DISPOSITION 5(2) Burtal 2 (2) Cremation 3 (2) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Western Cemetery 11/29/91 Balto, Maryland 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Rd., Balto. 21214 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart fallure. List Dnly Dne ceuse on each line. Intervel Between **IMMEDIATE CAUSE (Finel** Onset end Desth disease pr condition . BREAST CANCER WITH METASTASIS recuiting in deeth) DUE TO (OR AS A CONSEDUENCE OF): YPERCALCEMIA
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO HYPERITONSION COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Homa 5 Raeldence 8 Other (Specify) 1 YES 2 40 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occurse at the time, data and piece, and due to the cause(e) and mennar or attatad. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 29d. DATE SIGNED (Month. Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3027 11/26/91 2

Dr. Thomas S. Miller M.D. 700 Washington Blvd. Baltimore, Md.

32. REGISTRAR'S SIGNATURE

1000

Lillia



	REGISTRAR		CE	ERTIF	ICATI	E OF	DEAT	TH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATN			. TIME OF DEATH
	HARVEY			FORD					11 -	2	4_	91	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTNPL	ACE (State or Foreign
	217-09-5129	t 📈 M 2 🗆 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	-1914		Country)	Va
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN O	R LOCATION	ON OF DE		1011	9c. COU	NTY OF DEA	
OR	3340 Clifton Avenue				Ba	ltimo	re						
5	RESIDENCE OF DECEDENT			,									
IRE		Υ			Y, TOWN		ION					81	Od. INSIDE CITY LIMITS?
0	MD			RA	LTIM							t	YES 2 NO
RAI	10e. STREET AND NUMBER					101.	ZIP CODE						AT COUNTRY?
FUNERAL DIRECTOR	3340 CLIFTON AVI						2121					J.S.A.	
B⊀	tt. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 N	MED	1	If yes, spe	ENDENT O	n, Maxica	HC ORIGIN? (S n, Puarto Rice	ipecify Yee n, etc.)	or No-	14. RACE - Black, \ Specify:	- American Indian, White, atc. Black
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18e. DEG	CEDENT'S	USUAL O	CCUPATIO	in .		16b. KII	VD OF BUS	INESS/IND	DUSTRY	
<u>=</u>	Elementery/Secondary (0-12)	College (t-4 or 5 +	lida	Do NOT u	work done (se retired.)	during mos	st of workin	ng					
MPI	12th												
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	NER'S NAI	ME (First, Midd	lle, Maiden	Sumame)		
BE	Lindsey Ford						Mari	tha F	ord				
2	19e. INFORMANT'S NAME (Type/Print)		t9b	. MAILING	ADDRESS	S (Street ar	nd Number	or Rural A	Route Number,	City or Town	, State, Zip	Code)	
	George Ford			18	13 Eut	taw P	lace	Bal·	timore.	Md 21	217		
	20s. METNOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Ran	noval from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Na	me of		DATE	20c. LOC	CATION -	City or Town	, State
	4 Donetion 5 Other (Specify)		cametery, crer	rrison	1 Fore	est Ve	eterar	n Cem	112991	Owin	igs Mi	11s. M	d
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					D ADDRES						
	Blad	11700	(مر			March 4300	F/H Wabas	West	enue				
	23. PART I. Enter the disease, or	complications the	caused the dec	eth. Do r	not enter	the mod	de of dyi	ing, such	es cardiec	or respir	etory arr	est,	Approximate
	ehock, or heert fellure. IMMEDIATE CAUSE (Final	List only one cau	ee on eech line.										Intervel Between Oneet end Death
	diseese or condition resulting in death)	Lung	CONCON	- de	refe 1	11/1	Mide	rurt					month
		OUE TO	OR AS A CONSED	UENCE O	ri:	7	11,000						, , , ,
Z	Sequentielly list conditions,	b											
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSED	UENCE O	F):								
5	CAUSE (Diseese or Injury	C. DUE TO	OD 10 1 001000										
Ē	thet initieted events resulting in death) LAST	DOE 10	OR AS A CONSEO	UENCE O	r):								
E C		d		-									
11	PART II. Other eignificent condition	s contributing to	deeth but not re	euiting	n the un	derlying	ceuse g	jiven in l	Part I. 24	. WAS AN			ERE AUTOPSY FINDINGS
SC	Chrome of	withing	hormony	Ces	-					PERFORI		CI	ALABLE PRIDR TO DMPLETION OF CAUSE
KE										,,20	N. No		F DEATH?
ä													
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL/	ACE OF DE	EATH (Che	ck only one)			-	
PHYSICIAN: MEDICAL	1 WES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R: sing Nome	5 KR	sidence (6 Other (Sp	eclfy)			
E	27. MANNER OF DEATN	28e. DATE OF (Month, Da		28b. TIM		28c. INJU WOF	JRY AT		28d. DESCRI		JURY OCC	CURED	
B√	1 Natural 5 Pending 2 Accident Investigation		111111		M		ES 2	NO					
	3 Suicida 8 Could not be	28a. PLACE Of building,	INJURY — At hon	ne, farm, a	street, facto	ory, office			281. LOCATIO	N (Street er wn, State)	nd Number	or Rural Rout	'e Number,
	4 Nomicide determined								Only or 10	wii, Otalby			
3 II	29e. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the beat of	my knowladge, das	th occurre	ed at the ti	lme, date	end place,	end dua t	to the ceuse(s) end men	nor no atate	ed.	
0			emination and/or in										
OMP	T L MEDICAL EXAMINA											a canadal a	nd manner ee stated.
COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE	NSE NUM	BER				
띪								NSE NUM			29d. DATE	E SIGNED (M	onth, Day, Year)
ш		(Ren	E OF DEATN (ITEM	1 27) (Type,	Print)			18 11			29d. DATE		onth, Day, Year)
띪	296. SIGNATURE AND TITLE OF CERTIFIE	O COMPLETED CAUS	e of death (ITEM			Ba		1811	-/	231	29d. DATE	E SIGNED (M	onth, Day, Year)
出	29b. SIGNATURE AND TITLE OF CERTIFIE	O COMPLETED CAUS M.D. 1 32. REGISTRAI		road		Ba	0-	1811	-/	231	29d. DATE	E SIGNED (M	onth, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

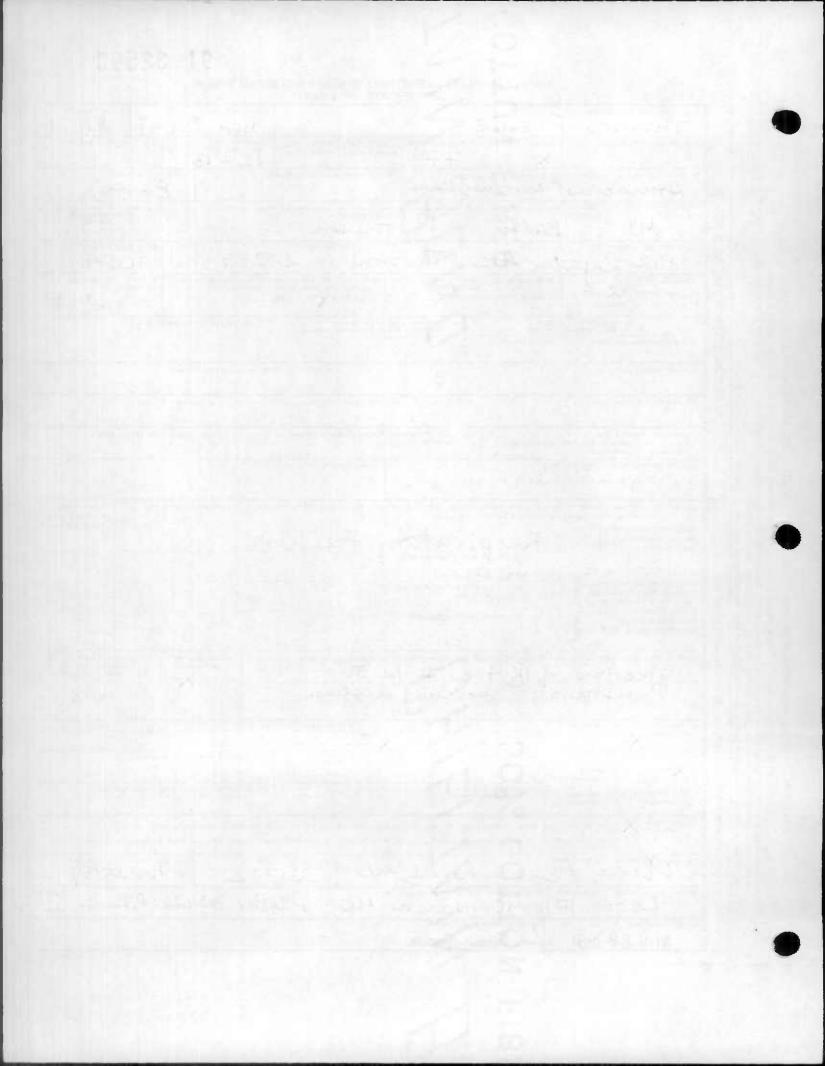
8+1

DHMN-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1. DECEDENT'S NAME (First, Middle, La	st) _ Thum	CERTIFICAS COUKN		NIZ, Jr			3. TIME OF DEATH
Thomas	Frantz				MONTH DAY	LY 9 1	81101
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
215-05-2475	1 M 2 🗆 F	THYRS.	ONTHS DAYS	HOURS MIN.	12713	1 20	aryland
90. FACILITY NAME (If not institution, gi	of Newsii			altimor		Ba	DEATH UTO
10e. STATE MD 10b. COL	Balto		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
812 Rege	ester Arc	Tow.	20re 10	ZIP CODE	1239	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 1 NO	If yes, sp		NC ORIGIN? (Specify Year on, Puerto Rican, atc.) y:	Bla	ck, White, etc.
15. DECEDENT'S (Specify only highest g		18e. DECEDENT'S U (Give kind of wo	rk done during mo	ON st of working	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Fixture	retired.)		Λ	ircraf	4.
17. FATHER'S NAME (First, Middle, Last)		FEXEURE	bull.		ME (First, Middle, Maiden S		le
Thomas Cockne		r.			lora		
19a. INFORMANT'S NAME (Type/Print)	y viction,		DDRESS (Street		Route Number, City or Town,	State, Zip Code)	
bernice S. Fr	antz	5208	Midwo	od Ave.	Baltimor	e, Md.	21212
20a. METHOD OF DISPOSITION	la movel from State	06. PLACE OF DISPOSIT	FION (Name of ce	netery, cremetory or	20c. LOC	ATION — City or	Town, State
Burlel 2 Cremation 3 . !		uruid I	0	Cemeter	V		e, hd.
James F.	Durnside,	4.2	22. NAME A	DUU YOR	-Wiedefel k Rd. Bai	d Home	, inc.
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)		aihe	re		Onset and Deat
PART II. Other significent cond Perrons Perrons	d		the underlyin	g ceuse given in	Part i. 24a. WAS AN / PERFORI	NED?	No. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAE	HOSPITAL:		26. P QTHER:	LACE OF DEATH (C)	neck only one)		
1 TYES 2 NO	1 Inpetient 2 ER/O	tpatient 3 DOA	Nursing Hor	ne 5 🗆 Rasidence	6 Other (Specify) 26d. DESCRIBE HOW IN	IIIOV ACCURE	
	(Month, Day, Year		RY W	YES 2 NO	230. Describe now in	DOM: OCCONED	
27. MANNER OF DEATH 1 Netural 5 Pending		RY — At home, farm, st			28f. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,
. /	be 28e. PLACE OF INJU- building, atc. (S)						
Neturel Check only 1 CERTIFYING P	be 28e. PLACE OF INJU- building, atc. (S)	ecify) wledge, death occurred					e(s) and manner as stated.
Netural Accident 5 Pending Investigat	28e. PLACE OF INJU building, stc. (S) HYSICIAN: To the best of my known miner: On the basic of examinate	wiedge, death occurred on and/or investigation	In my opinion,	death occured at the	time, date and place, and	due to the cause	
Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXA	28e. PLACE OF INJU building, stc. (S) HYSICIAN: To the best of my known miner: On the basic of examinate	wiedge, death occurred on and/or investigation	(, in my opinion,	death occured at the	time, date and place, and	due to the cause	
Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CENT	28e. PLACE OF INJU building, stc. (S) HYSICIAN: To the best of my known miner: On the basic of examinate	wiedge, death occurre- lon and/or investigation DEATH (ITEM 27) (Type, SNATURE	(, in my opinion,	death occured at the	time, date and place, and	due to the cause	



IMPORTANT: It item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEA	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGI			
1. DECEDENT'S NAME (First, Middle, Last) Dorothy	1	FEATHERSTO	N		2. DATE OF DEATH	r 25, 1	991 3. TI	6:30 P
4. SOCIAL SECURITY NUMBER 245-50-9989 90. FACILITY NAME (If not institution, give a	1 🗆 M 2 💢 F	78 YRS. MONT		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Yea Oct. 29,	1913	Country)	e (State or Foreign Carolin
Franklin Square			Baltimo				timore	
100. STATE 10b. COUNTY	Baltimore	10c. CITY, TO	WN OR LOCATI ES	on SSEX				INSIDE CITY LIMITS? YES \$ NO
100. STREET AND NUMBER 1699 Poles RO	oad		10t.	ZIP CODE 21221		10g. CITIZE	USA	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		cify Cuben, Mexices	IIC ORIGIN? (Specit n, Puerto Ricen, etc.	y Yes or No— 1	4. RACE — A Bleck, Whi Specify: Whi	mericen Indien, ite, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION o completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	dene during mos	N t of working		State C		9
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Me	ilden Surneme)		
Mannie Sturdi	vant			Bess	sie Thor	mpson		
19e, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street an		Route Number, City o			
Margaret Ashe			Poles F		altimore			1221
20e. METHOO OF DISPOSITION 117 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	novat from State	ardens of	Faith	Cemetery	7 1	ROSSVIL		
21. SIGNATURE OF FUNERAL SERVICE LIC	unital t	lome)		address of facility Funet	calHome :	300MAce	Ave. 2	1221
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	b. DUE TO (OR AS A	ial Infarc a consequence of): a consequence of): a consequence of):	tion					Interval Betwee
PART II. Other algolificant condition Pneumonia	ns contributing to death b	out not resulting in th	na undarlylng	causa givan in	PE	IS AN AUTOPSY REFORMED?	AWAI COM OF I	NE AUTOPSY FINDING ILABLE PRIOR TO IPLETION OF CAUSE DEATH?] YES 2 [] NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Ch				
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c, INJI	JRY AT RK?	6 Other (Specify 28d, DESCRIBE H		URED	7 10
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spec	/ — At home, farm, stree		ES 2 NO	281. LOCATION (S City or Town,		or Rural Route	Number,
One)	SICIAN: To the best of my know ER: On the beels of examination							I manner ee atsted.
29b. SIGNATURE AND TITLE OF CERTIFIE	Loreno			29c. LICENSE NUI			SIGNED (MOI	nth, Day, Year)
Jason Tate, M.D.	no completed cause of de . 9000 Frank		nt)					



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF OE	ATH DAY	YEAR	3. TIME OF DEATH
Francis Ford					1 1		991	10:30 pm
4. SOCIAL SECURITY NUMBER	5. SEX		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TH (ner)	8. BIRTI	HPLACE (State or Foreign
212 12 1995	1 💢 M 2 🗆 F	75 YRS. M	ONTHS DAYS	HOURS MIN.	1 1 / 19	/1916		timore
9e. FACILITY NAME (If not institution,	give street end number)		Ib. CITY, TOWN O	R LOCATION OF DE	ATH	9c. CO	UNTY OF E	DEATH
Pleasant Ma		ng Center	K	Utimo	ore		MI),
mp.	DUNTY	10c. CITY,	TOWN OR LOCATI	Bah	timo	re		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e, STREET AND NUMBER 11. MARITAL STATUS 1 VV Naver Married 2 Merried	R Heig	hts aue.		ZIP CODE		10g. CI	U.S	S.A.
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECERFE FORCES? IF YES, GIVE	NT EVER IN U.S. ARMED 1 D YES 2 □ NO WAR OR DATES	13. WAS DECE If yes, spe 1 YES	ENDENT OF HISPAN Helfy Cuben, Mexican 2 NO Specify	n, Puerto Ricen, e	city Yee or No—	14. RAC Blac Spec	E — American Indian, ak, White, atc. offy: Black
15. DECEDENT		180. DECEDENT'S U	SUAL OCCUPATIO	N	18b. KIND	OF BUSINESS/IF	NOUSTRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	life Do NOT use						
			gua	ra				
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, La	Joseph	h For	1	18. MOTHER'S NA	ME (First, Middle,	Maiden Sumame))	
19e. INFORMANT'S NAME (Type/Print	1020	100_SEAILING	DONESS (Street a	nd Number or Rural F	Route Number, City	or Town, State, a	Zip Code)	
111/00-	MINI	Heas	all Tri	anor A	JUCSIN	9 toma	n m	10.
200., METHOO OF DISPOSITION	may y	20b. PLACE OF OISPOSI			ave.	Oc. LOCATION -	- City or T	Town, State /
1 Degree 2 Cremetion 3 4 Donation 5 Other (Specify		other place	ISMI F	Drost	-	01111	115	MILSMO
21. SIGNATURE OF FUNERAL SERV			22. NAME AN	D ADDRESS OF FA	CILITY , —	-	11	1-000
Drun	Casi	5000	17/2	N Car	roll t	unero	-	Home .MD. 21211
23. PART I. Enter the disease	, or complications th	at caused the deeth. Do no	t enter tha mo	de of dylng, suc				Approximete
	lure. List only one ca							Interval Between Onset end Deatl
IMMEDIATE CAUSE (Finel disease or condition		CONTES TIME	HERIAT	- Farly	41			45hes
resulting in deeth)	DUE TO	O (OR AS A CONSEQUENCE OF)	1 400	1 .0.00	CC			13
	-	Mremia						6mos.
Sequentielly liet conditions, if eny, leeding to immediate	DUE TO	O (OR AS A CONSEQUENCE OF)		1 1				
cause. Enter UNDERLYING	6	Intrinsic	Kid	ney Di	151601			12:1
CAUSE (Disease or injury that initiated events	OUE TO	O (OR AS A CONSEQUENCE OF)	:	1				
Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d							
	ditione contributing t	o death but not resulting to	tha underlying	cause given in	Part I. 24e	MAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
PART II. Other eignificent con	Stroke	The state of the s	arrastryttig	, 3. (0)1 (1)		PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
2)	-				_ 10	YES 2 DINO		DF OEATH?
	/ / / / / / /							1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH	CAL I			ACE OF OFITH IN	back art are 1			
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		отнея:	ACE OF OEATH (Ch				
1 YES 2 NO	1 Inpatient 2			e 5 Residence	7		20011050	
1 Natural 5 Pendin	(Month,	Day, Year) 28b. TIME INJU	IRY WO	RK?	28d. DESCRIBE	HOW INJURY (OCCURED	
2 Accident Investig	etion	05.01.00		YES 2 NO	***********	(Ot - 1 11		Sector March and
	lot be building	OF INJURY — At home, farm, at g, etc. (Specify)	reet, sectory, offic	•	City or Town	(Street and Num. n, State)	Der or Mura	Houte Number,
29e. CERTIFIER (Check only		of my knowledge, death occurre						
29e. CERTIFIER (Check only one) 2 MEDICAL EX	AMINER: On the basis of	examination end/or investigation	, in my opinion, d	eath occured at the	Ilme, date end p	lece, end due to	the couse	(e) and menner so stated.
	RT/FIER			29c. LICENSE NUI	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)
ami	unzalan	M		15129	1	-	11/2	6/91
30. NAME AND APPRESS OF PERS	ON WHO COMPLETED CA	USE OF DEATH (ITEM 27) (Type,	Print)				-	
Taima Dungal								
Jaime Punzai	an, M.D.	5214 Harfo	rd Rd.	, Balti	.more,	MD 21	214	
31. DATE FILED (Month, Day, ber)		5214 Harfo	rd Rd.	, Balti	more,	MD 21	214	

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executive than a fundamental paying the most	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director made in by the funeral director, page 5 should be detach		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic executive medical examiner must be notified at once.
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	NG F	fter t	eath	таг
	ENDI	R: A	ter di	s is
	ATT	ECTO	rs af	n 28
	L OR	DIR.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bund. e-minten an removal.	iter
	PITA	ERAL	In 72	11
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	표	THE	filed	POH
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND) / DEPAI	RTMEN	T OF I	HEALTH A	AND N	MENTAL HYGIEN REG. NO.	E	£ U	<i>3</i> 0
	1. DECEDENT'S NAME (First, Middle, Last)		500C	Н					2. DATE OF DEATH DA	5	41	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 227-10-9054	5. SEX 1 🛛 M 2 🗌 F	6. AGE (In yrs. 78	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 2	4 HRS. MIN.	7. DATE OF BIRTH		West	Va.
TOR	90. FACILITY NAME (If not institution, give s						MORE	N OF OE	ATH	9c. COUNT	Y OF DE	ATH
DIRECTOR	10a. STATE 10b. COUNTY	Y		10c, CIT BA	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3814 FERNDALE A	VENUE				10	1. ZIP CODE 21207			109. CITIZE		IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		If yes, sp	CENDENT OF Hecify Cuben, i 2 (X) NO	Mexican	C ORIGIN? (Specify Yas , Puerto Rican, atc.)		4. RACE Black, Specify BLAC	Amarican Indien, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th	CATION completed) College (1-4 or 5)	OECEDENT'S (Give kind of life. Do NOT u	work done se retired)	during mo	ost of working		18b. KIND OF BUS	INESS/INDU	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) ROME GOOC	Н					EL	IZA		RIGHT		
10	190. INFORMANT'S NAME (Type/Print) KATHERINE LIGHTNE	R		3814	FERN	DALE	AVE.	, Bi	ALTIMORE,	n, State, Zip C	2120	7
	20e. METHOD OF DISPOSITION XXBuriat 2 Cremetion 3 Remains 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE			SEAND DATE	EMOR	IAL	PARK		11/30 BAL	TIMOR	E CO	, State
	> Glados	Wo	nen		M	ARCH		RAL	HOME 1101			AVE.
CERTIFICATION	23. PART I. Entar the diseasea, or chock, pr heart failure. IMMEDIATE CAUSE (Final disease pr condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO DUE TO	SEPS (OR AS A CONS RES (OR AS A CONS	SEQUENCE OF	n: TA		=0.7	0	as cardiac or reapli			Approximata Interval Batwaar Onset and Death
CERTIF	that initiated events resulting in death) LAST	d	(OR AS A CONS								14	
PHYSICIAN: MEDICAL	PART II. Other algnificant condition:	s contributing to	death but no	t reaulting (in the un	derlying	g causa giv	an In P	art I. 24e. WAS AN / PERFORI	MED?	C	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO DMPLETION OF CAUSE OF DEATH? YES 2 NO
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nur	₹:	ACE OF DEA		k only one) Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De		20b. TIM	E OF URY M	_	URY AT RK? (ES 2]		28d. DESCRIBE HOW IN	JURY OCCU	RED	
G	3 Suicida 8 Could not be daterminad	28e. PLACE Of building,	FINJURY — At otc. (Specify)	home, farm, a	draet, fect	ory, office		-	City or Town, State)	nd Number or	Rural Rou	te Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY 2 MEDICAL EXAMINER	CIAN: To the beat of R: On the beals of ex	my knowladge, amination and/o	death occurre	n, in my o	me, date	end place, e	nd dua to	o the cause(a) and menime, data end pleca, and	due to the c	euse(s) e	nd menner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER OF CE	Sartin	0				29c. LICENS	12C	ER 3	29d, DATE S	IGNED (M	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	Lanton	0	TEM 27) (Type,	Prigt)	ert	y Ma	die	P certe	1 Ba	letz	nae ma
	NOV 2 9 1991 June 1991	La Davidson				_)					

88888 18

JAMES A GOOCH II SE SI TEGA

AND THE PROPERTY OF THE PARTY O

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

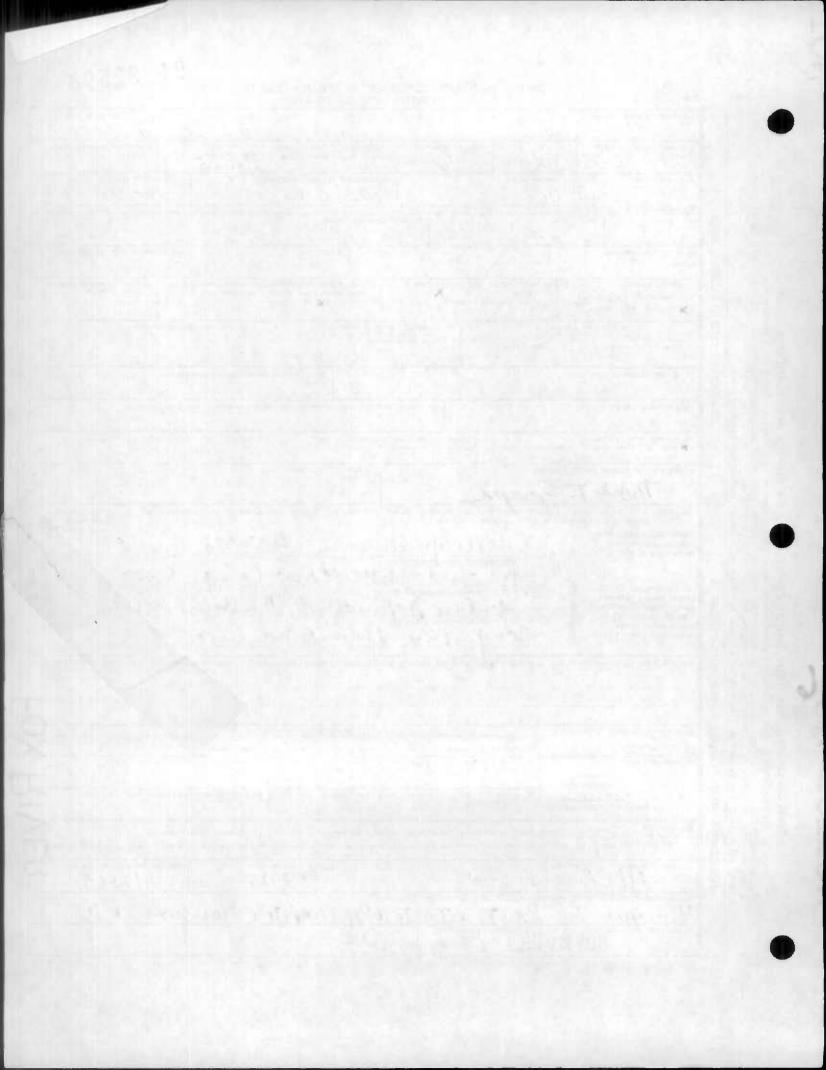
31. DATE FILED (Month Dry. Year)

OV 2 9 1991

	FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPA	RTMENT	OF I	HEALTH DEAT	AND	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First	t, Middle, Last)	JOHN C	. GERLO	OCK					2. DATE	OF DEATH	26	YEAR	3. TIME OF DEATH 5:30 an
	4. SOCIAL SECURITY NUMBER 214-18-0373 90. FAMULTY NAME (II not in	3	5. SEX	8. AGE (In 18. I		IF UNDER	DAYS	HOURS OR LOCATION	MIN.	1 - 2	0F BIRTH		MAT	APLACE (State or Foreign ry)
DIRECTOR	FRANCIS SCO	TT KEY	MEDICAL	CENTER	2	64		IMORE				an cou	INTY OF D	EATH
	MARYLAND 100. STREET AND NUMBER		LTIMORE		10c. Cf	TY, TOWN O	1	TION DUNDA 1. ZIP CODE						10d. INSIDE CITY LIMITS? 1 YES 2 X
FUNERAL	23 MAVISTA 11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	RMED	13. V	AS DEC	21	222 F HISPA	NIC ORIGI	N? (Specify Yas		U.S	S.A. E — American Indian,
В	1 Never Married 2 3 Vidowed 4 Divo	EDENT'S EDUC	CATION	YES 2 MAN OR DATES			YES	2 000		fy:	Rican, atc.)		Speci	k, White, efc.
COMPLETED	(Specify only Elementary/Secondary (C 11TH GRADE	y highest grade	completed) College (1-4 or 5 -	+) (Give kind of fe. Do NOT u	work done done do see retired.) I ENG	uring mo	st of working	g	161	BETHLE			EL CORP
BE	17. FATHER'S NAME (First, M JOHN GERLOC 198. INFORMANT'S NAME (7)	K						18. МОТН <i>LOT</i>	TIE	FAMO	Middle, Maiden : DUS	Sumame)		
5	ALBERTA D.	GERLOC		20b. PLACE	23 MA	VISTA OF DISPOSIT	AL	VENUE	BA	LITA	MORE, N	D		222
	1X XBurial 2 Cremation 4 Donation 5 Other TH. SIGNATURE OF FURIERA	(Specify)		OAK	LAWN	I CEME 22. N	AME AN	RY 1 RUCK	1-30 FUN	0-91 VERAL	BA	ITIN	ORF	MARVIAND
	22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDAL			21222 Approximate interval Between										
	IMMEDIATE CAUSE (Fin disesse or condition resulting in desth)	⇒ s	M. DUE TO	JOEAN CONSI	EQUENCE O	Dry	lar	this	n.					Onset and Death
CATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY!	diate NG	DUE TO	MOV V	EOUENCE O	lar F:	Cu	ccil	ing	_				24"
CERTIFICATION	CAUSE (Disease or Inju that initisted events resulting in death) LAS		DUE TO	(OR AS A CONSE	EQUENCE O	F):								
AL	PART II. Other significs	nt conditions	s contributing to	death but not	resulting	in the und	leriying) cause gi	iven in	Part I.	24a. WAS AN PERFORM	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIO	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:			OTHER:	28. PL	ACE OF DE	ATH (Ch	eck only on	10)			7
ву рнуз	27. MANNER OF DEATH	Pending Investigation	1 Inpatient 2 28a. DATE OF (Month, De	INJURY	28b. TIM		Bc. INJU WO! 1 Y	RK?			r (Specify)	JURY OCC	CURED	
	3 Suicide 8 0	Could not be detarmined	28e. PLACE OF building,	F INJURY — At heatc. (Specify)	oma, farm,	ntreet, lactor	y, office			281. LOC City	ATION (Street ar or Town, State)	d Number	or Rural R	oute Number,
COMPLETED			CIAN: To the best of ax											and manner as stated.
TO BE	296. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	Le C	COMPLETED CAUSE	F OF DEATH	W 27 (*	Fluinet		29c. LICEN	230	E-511		29d. DATI	E SIGNED	(Month, Day, Year)
	Alism M	lotter	MD 1	EUM (11	Sult	less 1	Lon	a han b	0 4	641	Gast		Plan	

Chi Friday Rondelles

	1. OECEOENT'S NAME (FI	rst, Middje, Lest)	PE		UERR:	IERO		W 10/1	71	REG. I		YEAR 91	3. TIME OF DEA	
	4. SOCIAL SECURITY NUI	MBER -2569	5. SEX	6. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day Year)		8. BIRTI Count	HPLACE (State or I	
NC NC	98. FACILITY NAME (II not S'E JOS	institution, give s	treet and number)	08			TOWN O	OR LOCATIO	ON OF OE	-,,-		HO,	DEATH	
DIRECTOR	RESIDENCE OF DI	10b. COUNT	Y		t0c. CIT	ry, town o	R LOCAT	ION					10d, INSIDE CIT	
	Maryland		more County	/	R	oseda l	e						1 YES 2	
RAL	10e. STREET AND NUMBE							ZIP CODE			- 1,00		WHAT COUNTRY?	
FUNERAL	8731 Pulaski 11. Marital status 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	1	WAS DEC	ecity Cuba	n, Mexicar	IC ORIGIN? (Specify 1, Puerto Rican, etc.)	Yea or No-	14. RAC Blac	States E — American Inck, White, atc.	
BY	3 Widowed 4 Di					1 ☐ YES 2 M NO Specify: Specify:								
ETED		ecedent's eou	completed)	(0	ECCOENT'S USUAL OCCUPATION 3he kind of work done during most of working 2. Do NOT use retired.)							DUSTRY		
PLE	7	(0-12)	College (t-4 or 5		ider C	ontine	ntal	Foods	&Inn	Food Di	stribut	ion 8	Hotel Se	
COMPL	17. FATHER'S NAME (First,							18. MOTH	HER'S NAI	ME (First, Middle, Mai				
BE	John Guerri					Rose Stallone LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
Injury, or other traumatic event, the medical examiner must be notified AL CERTIFICATION TO BI	John Guerri					3 South Exeter Street Baltimore, Md. 21202								
	20e. METHOD OF DISPOS	BITION	and from Chile	20b. PLAC	E ANO OAT	E OF DISP	OSITION		CCO		LOCATION -		lown, State	
	4 Donellon 5 Oth	ner (Specify)		Most H	oly R	y or other p edeeme					Baltimo	re, M	Maryland	
	≥ 21. SIGNATURE OF FUNE		Zawyn	a .			Leona		Ruck	i, Inc. 1. Baltimo	re. Ml.	2121	14	
	IMMEDIATE CAUSE (i disease or condition reculting in daeth) Sequentially list con- if any, laading to im- cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in daeth) Li	ditions, nedieta LYING njury	b. Che	OF AS A CONSI	e districtive ling diseare sequence of: Defrenchent Diabety Mellulia								Onset a	
4: MEDICAL CI	PART II. Other signif	icent condition	ne contributing to	daeth but not	resulting	in the un	darlyin	g cause	given in	PER	S AN AUTOPSY FORMED? S 2 NO	24	ANAILABLE PRIC COMPLETION O OF DEATH?	
SICIAN	25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL:			OTHE		LACE OF O	EATH (Ch	eck only one)				
IYSI	1 TYES 2 NO		1 Inpatient 2		1		sing Hor		esidence	8 Other (Specify)	OW IN HUMA	COURTE		
ВУ РНУ	1 Natural 5	Pending	28a. DATE Of (Month, i	Day, Year)	28b, TI	JURY M	WC	IURY AT ORK? YES 2 [NO	28d, DESCRIBE HO	JW INJURY O	COMEU		
TED	2 Accident 3 Suicide 8 Homicide	Could not ba	28a. PLACE building	OF INJURY — At I	nome, farm.	, street, fact				281. LOCATION (Str. City or Town, S		er or Rural	l Route Number,	
MPL	one)		SICIAN: To the best of ER: On the bests of										(e) and mannar as	
O	296. SIGNATURE AND TIT	TLE OF CERTIFIE	ER T	0		100		29c. LIC	ENSE NUI	ABER	29d. D/	TE SIGNE	ED (Month, Day, Yea	
O BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIGNI 30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													



FOR STATE REGISTRAR

Alice

10a. STATE

MARYLAND

10e. STREET AND NUMBER

DIRECTOR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Agnes

10b. COUNTY

ANNE ARUNDEL

212-16-6984 1 M 2 M 1
9a. FACILITY NAME (If not institution, give street and number)

303 FIRST AVE. S.W.

5. SEX

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Ä	303 FIRST AVE.	S.W.		2	21061	S.A.						
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify gas, apecify Cuban, Maxican, Puarto Rican, at 1 YES 2 NO Specify:			14. RACE Black, V Specify:	- American Indian, white, atc. WHITE			
ED	15. DECEDENT'S El (Specify only highest gra	DUCATION ide completed)	18a. DECEDENT'S	USUAL OCCUPATI	ION	16b	18b. KIND OF BUSINESS/INDUSTRY					
COMPLET	Elementary/Secondary (0-12)	Cottege (1-4 or 5+) NONE	HOME M.	se retired.)	osi or working		OWN HOME					
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Maiden Sumame)					
BE	JOSEPH F. KNOTT				JANIE	MART	IN					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	Route Numb	ber, City or Town, State, Zip	Code)				
	JOHN E. GARDNER		109 B.	ALTIMORE	E AVE. S.	W. G	LEN BURNIE	, MD	21061			
	20a. METHOD OF DISPOSITION 1 💢 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State	ob. PLACE AND DATE of ematery, cramatory or of GLEN HAVE	ther place)		12-		3.00				
	21. SIGNATURE OF PURPLE SERVICE	ratte		22. NAME A SING	ND ADDRESS OF FAC GLETON FU	CILITY NERA	L HOME					
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Bate Onest end D ACUTE MYCARDIAL NFARCTION Due to (or as a consequence or): Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (Check only one)								
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	itpatiant 3 🗆 DOA	OTHER:	ne 5 Rasidenca	8 🗆 Other	r (Specify)					
ву РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident investigation	28s. DATE OF INJURY (Month, Oay, Year)		E OF 28c. INJ	URY AT DAK? YES 2 NO		CRIBE HOW INJURY OCC	CERU				
ETED E	3 Suicida 8 Could not b 4 Homicide determined	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, a pecify)	street, factory, offic		281. LOCA	ATION (Street and Number or Town, State)	or Rural Rout	te Number,			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	SICIAN: To the best of my kno	wiedga, daath occurre	n, in my opinion, d	and place, and due	to the cau	se(a) and manner as atat	ed. a cause(s) ar	nd mannar as state			
O BE C	29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	Attendo	ling Mi)	29c. LICENSE NUM D 217	7 E	29d. DATE	SIGNED (M	Ionth, Oay, Year)			
	SURYA M				TAPS	Co	Av. BAL	timo	nom			

32. REGISTRAR'S SIGNATURE

NOV 29

1991

91 32599

STATE OF MA	RYLAND C	DEPART	MENT O	OF D	ALTH	AND	MENTA	AL HYGI		36	599	
Grah							2. DAT	E OF DEAT		YEAR 7	3. TIME OF DEAT	rH Pw
	AGE (In yrs. la	st birthday)	IF UNDER 1 YE	EAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTI	IPLACE (State or Fo	
□ M 2 🖋 F	98	YRS.	AONTHS DA	AYS P	HOURS	MIN.		th, Day, Yes 6-93		Count	YLAND	
et and number)	70		9b. CITY, TO	WN OR	LOCATIO	ON OF D		.0 73		JNTY OF D		
V.			GLEN	BU	RNI	E			AN	NE A	RUNDEL	
RUNDEL			N BUR								10d. INSIDE CITY LIMITS?	
				101. 2	IP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?	
V.				21	061				U.S	Δ		
2. WAS DECEDENT E FORCES? 1 [IF YES, GIVE WAR	YES 2 X		If ye	DECEN	DENT O	n, Maxica	n, Puarto	N? (Specify Rican, atc.	Yas or No-	14. RACI Black	- American India c, White, atc.	in,
			1	123 2	ZENO	Speci	У			Spec	WHITE	
TION mpleted)		CEDENT'S U					18	b. KIND OF	BUSINESS/IN	DUSTRY	WILLIE	
College (1-4 or 5+) NONE	life	ME MA	retired.)	rg most e	or working	9		OWN :	HOME			
				1	IS. MOTH	IER'S NA	ME (First,		iden Sumame)			
							MART					
	19	b. MAILING A	DDRESS (St	reet and	Number	or Rural	Route Nun	ber, City or	Town, State, Zi	p Codel		
									BURNIE		21061	
	20b. PLACE	ANDDATEOF	DISPOSITIO				DAT		LOCATION			_
I from Stata	GLEN	HAVEN	MFMO	RTA	T P	ARK	12-		LEN BU			
SEE	TOTAL	THE WAY	22. NAN	AE AND	ADDRES	S OF FA	CILITY	2 0	TEN DO	MILE	, FID	
Te-								L HO		Dute	100 010	6.1
t only one cause	on each line		t enter ths	mods	of dyle	ng, suc	h as car	disc or re	sepiratory sr	rest,	Approximatinterval Base Onast and	its tween
DUE TO (OF	TE AS A CONSE	DUENCE OF	CA	PI	IAI		INF	A	20711	NO		
DUE TO (OF	AS A CONSE	OUENCE OF):										
DUE TO (OF	AS A CONSE	OUENCE OF):										
ontributing to da	ath but not r	esulting in	the under	iying c	suse g	iven in	Part I.	PER	S AN AUTOPSY FORMED? S 2 NO	24b.	WERE AUTOPSY FII AVAILABLE PRIOR T COMPLETION OF C OF DEATH? 1 YES 2 N	TO AUSE
OSPITAL:			THER:		-	ATH (Ch	eck only o	ne)				
28s. DATE OF INJ			Nursing			idenca		of (Specify)				
(Month, Oay,	(bar)	28b. TIME (M 1	WORK	?	NO	28d. DE	SCRIBE HO	OC YRULNI W	CURED		
28a, PLACE OF IN building, atc.	IJURY — At ho (Specify)	ma, farm, atre	et, factory,	offica			281. LOC City	CATION (Str. or Town, St	net and Number late)	r or Rural R	oute Number,	
N: To the best of my	knowledge, da	ath occurred	at the time,	data and	d place,	and dua	to the ca	use(a) and	manner as ata	ted.		
On the beals of axem	Ination and/or i	investigation,	in my opinio		_			and place				nted,
	the	1/		29	D 2	21	77	6	29d. DAT	E SIGNED	(Month, Oay, Year)	
OMPLETED CAUSE (12.	70	01		0.	Ra	4,00	1	

DHMH-16 Ray 1/89

21225

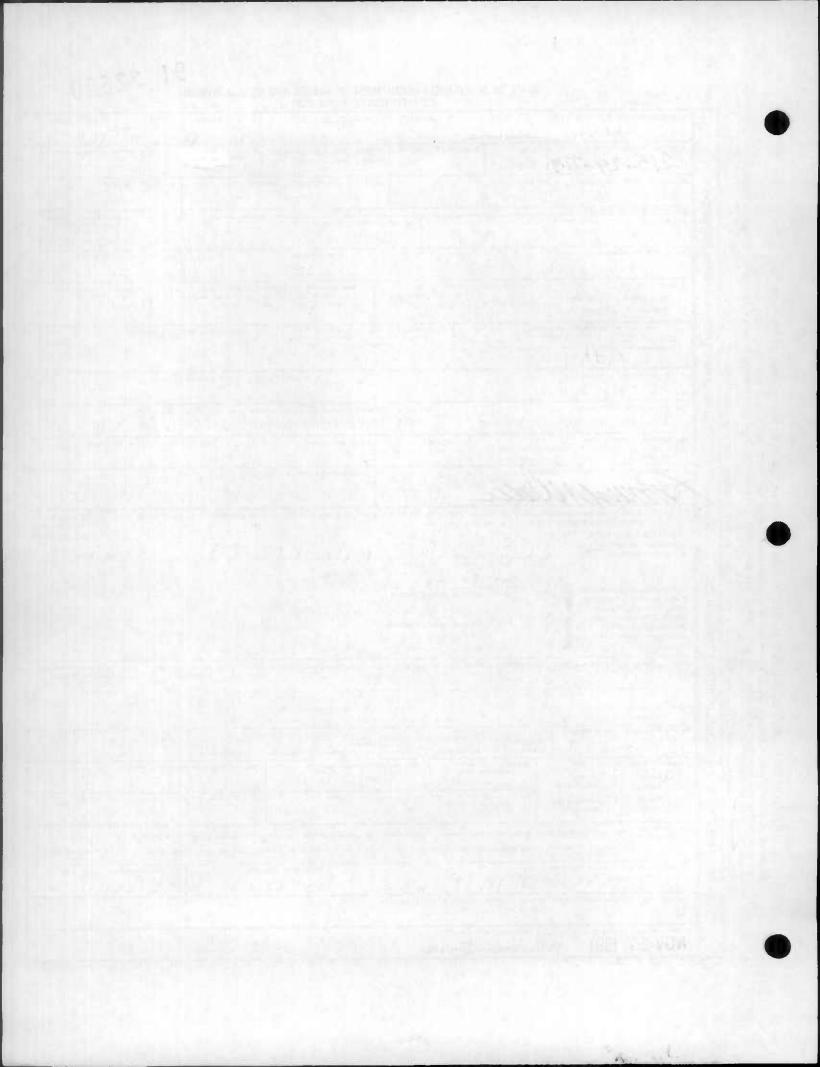
BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Year) NOV 2 7 1991

32. REGISTRAR'S SIGNATURE Varidson-Randell

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR		STATE OF I	WARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO.		32	600	
	1. DECEDENT'S NAME (First	V Middle, Last)	GREEN	- <u>P</u>	RVIN		ENE	-		2. DATE O MONTH		NY	YEAR	3. TIME OF DE	EATH D
		-7719	5. SEX 1 M 2 F	6. AGE (In yrs. las		IF UNDER 1	YEAR DAYS	IF UNDER	MIN.		20-19		BIRTNI Country	PLACE (State or	
OR	90. FACILITY NAME (If not in Liberty Me	dical				9b. CITY, T		timo		ATN		9c. COUNT	Y OF DE		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWH OR	LOCATIO	ON						10d, INSIDE CI	TY
	Maryland		na		В	altim								LIMITS?	□ NO
FUNERAL			sh Avenu	е		101. ZIP CODE 10g. CITIZEN OF WNA 21216 USA							7		
ВУ	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive		FORCES? 1	T EVER IN U.S. AR YES 2 1	RMED	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 12. RACE — Black, 1 Specify						- American In White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								16b. K	IND OF BUS	INESS/INDU	STRY			
BE CON	17. FATNER'S NAME (First, M WILLIAM	GREEN	5							Grifi		Surname)			
TO B	190. INFORMANT'S NAME (7 Willian Gr		Fathe	Father 2001 Braddish Avenue, Baltimore, MD 212							216				
	20e. METNOD OF DISPOSIT 1	n 3 Remo	val from State	cemetery, cre	metory or of					DATE		CATION — CI			
	of Funeral Service Licenser Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 11-26-91 655 W. BaltimoreStreet, Balto., MD 21201											1			
	23. PART I. Enter the/diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, interval Between Onset end Death disease or condition resulting in death) a. End Stage meta-State Calen Carachan. Due to (or as a consequence or):														
MOIT	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or inju- that initieted eventa recuiting in death) LAS	ry c	DUE TO	(OR AS A CONSEC	DUENCE OF	ງ:									
PHYSICIAN: MEDICAL C	PART II. Other significa	nt conditions		death but not re	esuiting i	n the unde	rlying o	cause g	ilven in P		PERFORI	MED?		WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATN?	R TO CAUSE
ICIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PLAC	CE OF DE	EATH (Chec	ck anly one)					
HYS	1 YES 2 NO		1 Of Inpatient 2 28e. DATE OF		DOA 28b. TIME	4 - Nursing	Nome c. INJUR					JURY OCCU	250		
B⊀	2 Accident	Pending nveatigetion	(Month, Da	iy, Year) FINJURY — A1 hor	ILNI	JRY M 1	WORK	(7	NO NO						
ETED	4 Nomicide	Could not be letermined	bollong,	etc. (Specily)						City or 1	own, State)	nd Number or		ute Number,	
COMPLET	(Check only one) 2 MEDI	CAL EXAMINER	AN: To the best of ex	my knowledge, dea amination and/or in	ath occurre	d at the time,	date an	id piece, th occure	end due to	o the cause(s) and menr d place, and	due to the c	euse(s)	and manner es	stated.
TO BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	P. W.	lebte :	m 12				HSE NUME					Month, Day, Year	
	30. NAME AND ADDRESS OF	REASON WHO	COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)		-		1				1	

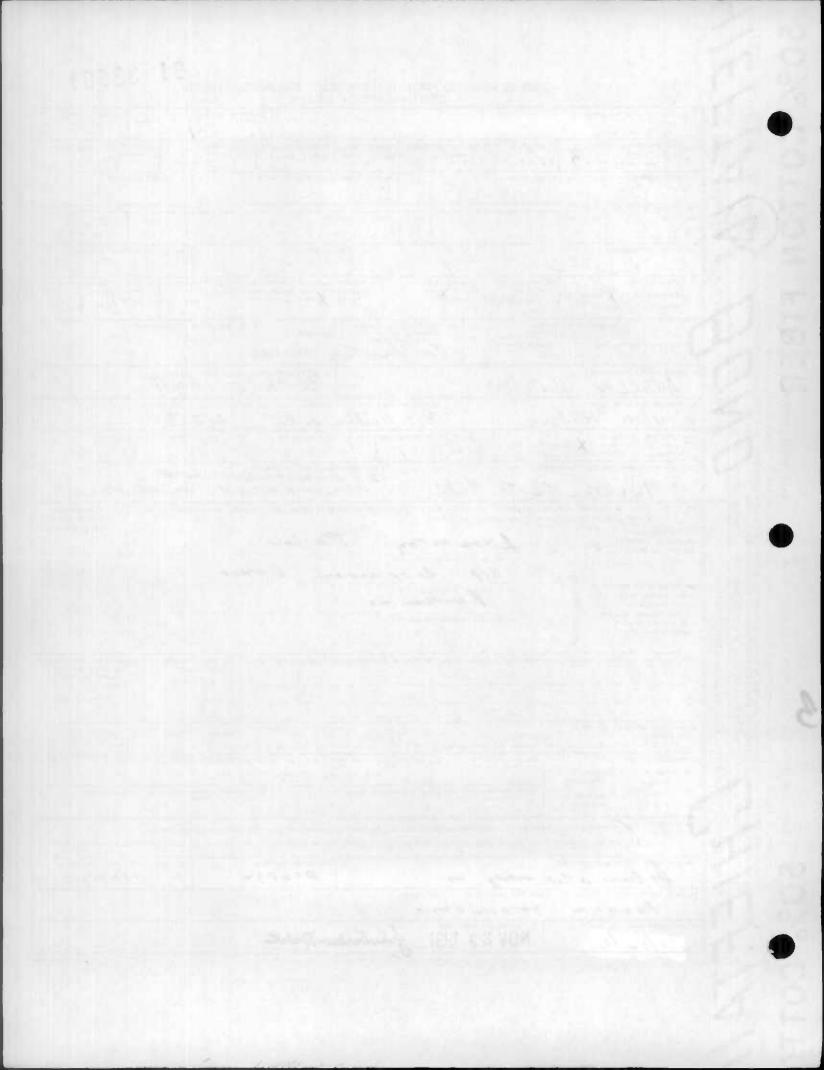


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	REGISTRAR		CERTIFICA	ATE OF DEATH		REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	1. 0.			2. DATE	E OF DEATH	y yı	3. TIME OF DEATH					
	Clorcence 1	way ins			11	25	91	9:080					
	4. SOCIAL SECURITY NUMBER	18M2 F		UNDER 1 YEAR IF UNDER 24 HE ITHS DAYS HOURS MIT	, (Mon	e OF BIRTH hth, Day, Year)		BIRTHPLACE (State or Forel Country)					
TOR	91. TACILITY NAME (If not institution, give	street and number)	ě	CITY, TOWN OR LOCATION O	F DEATH		9c. COUNTY	OF DEATH					
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY TO	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 N					
FUNERAL	100. STREET AND NUMBER	den Quer	ue	10f. ZIP CODE	(12	17	10g. CITIZEN	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sc			or No- 14.	RACE — American Indien, Black, White, atc. Specify: BAC					
COMPLETED	SINESS/INDUS	ESS/INDUSTRY											
ш	17. FATHER'S NAME (First, Middle, Last) ANDREW HUDGINS BERNICE HUFF												
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip 1814 Ruthund AVE. Z1213													
	200. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 200. PLACE OF DISPOSITION (Name of cometery, crematory or Other (Specify) Removal from State 200. LOCATION - City or Town, State Roberson ville, N.C.												
	21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE Yolo to 2	281	22. NAME AND ADDRESS OF E. L. PHILLIPS	FEACILITY FUNC NON EA	RAL H	OME BATIME	NE MD 2 12 13					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL CER	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO												
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Ou		26, PLACE OF DEATH THER: Nursing Home 5 Reside									
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Applicant Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT	28d. D	EŞCRIBE HOW	NJURY OCCUP	RED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, stree	ot, factory, office		OCATION (Street ty or Town, State)		Rural Route Number,					
COMPLETED	CONTROL ONLY			t the time, date end place, end n my opinion, death occured a									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER												
TO	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF E	7	nt)									
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE 1001	lis Kriedon Bud	. 60								

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CI	ERTIF	ICATE O	F DEATH		REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH		AY	YEAR	3. TIME OF DEATH		
	JOSEPH	М.	HEI	NLE			Nov.				11:40A.		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	st birthday)	IF UNDER 1 YEA		7. DATE OF (Month, D	BIRTH		8. BIRTI Count	HPLACE (State or Foreign		
	217-07-9218	1 🔀 M 2 🗆 F	72	YRS.	MONTHS DAY	8 HOURS MIN.	March		1919		**		
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	N OR LOCATION OF				NTY OF D			
OH	GBMC				Balt:	imore			Ba	1ti	more		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
DIRECTOR				10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?		
	MD Balt	timore			Balt:				t - YES 2 NO				
RA	1805 Aberdeen	n Donal				101. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?		
<u> </u>						21234				USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1V7	VER IN U.S. AR	MED	13. WAS E	SECENDENT OF HISPA specify Cuban, Maxic	ANIC ORIGIN? (Specify Ya	n or No-	14. RAC	E — American Indian, k, White, atc.		
BY	1 Never Married 3 Married 3 Wildowed 4 Divorced	FORCES? 1V	OR DATES			ES 2X XNO Spec	elly:	in, etc.)		Spec	MA:		
ED E			II		1						White		
1	ts. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DE	CEDENT'S	USUAL OCCUPA work done during e retired.)	TION most of working	18b. KI	ND OF BU	SINESS/INC	DUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 vears					G	ene	ral i	Moto	ors		
COMPLET		4 years	o A	o s e III	рту гл	ne Work	.er						
Gertrade Gerrach													
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) A 7 + C											Apt.C		
	Anna M. Heinie	2]	1811	Aberd	leen Roa	d Bal	timo	ore,	MD	21234		
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
	4 Donation 5 Other (Specify) MeadOWridge Cemetery 11/29 Maryland												
	TIL SIGNATURE OF FUNERAL SERVICE LICE	1				AND ADDRESS OF F							
	1 Ash 6 4	Jolan			John	son Fun	eral	Home	Ba	alto)., MD		
	23 PARY I Enter the diseases or o	amaliantian abata			_18521	Loch R	aven	Blvc			21204		
	23 PART I. Enter tha diseasea, or co ahock, or haart failure. L	lat only one cause	on aach iina	atn. Do n	ot anter tha r	noda of dying, au	ch aa cardlad	or reapi	ratory an	eat,	Approximate intarvai Between		
	MMEDIATE CALICE (Fig.)												
	resulting in death) - a. 100 45 147 CC Wall Call Call Call NA 149 CC												
	DUE TO (OR AS A CONSEQUENCE OF):												
S	Sequentially list conditions,												
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEC	DUENCE OF):								
2	CAUSE (Disease or injury												
	that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF):								
CERTIFICATION	d												
- 13	PART II. Other significant conditions	contributing to da	ath but not re	eaulting I	n the underly	Ing cause given in	Part I. 24	a. WAS AN	ALITOPSY	Bar	. WERE AUTOPSY FINDINGS		
EDICAL	Bonnew	me to		135	_	and and a given in		PERFOR		1	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
	101000						1	YES 2	LHO		OF DEATH?		
Σ							_				1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
프	EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (C)	heck only one)						
≥ I	1 YES 2 NO	1 Inpatient 2 ER		□ DOA		ome 5 🗆 Rasidenca	8 Other (S)	pecify)					
표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day,)		28b. TIME		NJURY AT VORK?	28d. DESCRI	BE HOW II	NJURY OCC	CURED			
B	2 Accident Investigation					YES 2 NO							
<u> </u>	3 Suicida 8 Could not be	28s. PLACE OF IN building, etc.	JURY - At hor (Specify)	me, tarm, a	treat, factory, of	fica	281, LOCATIO	ON (Street a	and Number	or Rural F	Route Number,		
4 Homicide determined City or fown, State)													
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, das	eth occurre	d at the time da	te and place, and due	a to the operate) and sa					
<u> </u>	one) 2 MEDICAL EXAMINER	: On the beals of exami	ination and/or is	nveatigation	. In my opinion	death occured at the	a to the cause(s	l alace en	d due to th	ea.			
	29b. SIGNATURE AND ARKE OF AFTERNA			g	7	_		prece, an	uua 10 IN	= cause(a	y and manner as stated.		
BE	(V///n	uns	ni	M		29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)		
o IL	20 NAME AND PROPERTY OF		_	_					-	11/	28/9/		
	30. NAME AND THRESS OF PERSON WHO									1			
	Dr. John Downs	7505 Q	sler	Driv	re Sui	te 504 '	Towsor	L. M	D				
	NOV 2 9 1997 Gu	ia Batificular	Sentantes.										
	U		200000										

A54:11

X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 four late death. Page 6 may be retained by the bospital or attending physician. TO THE FUNCTION After this secret base hospital or the provided physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transfer and with 27 hospital page 10 miles and 10	to burst, ternation, or removal. matte event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNESTAL DIRECTION After this the certificate has been usined by the full physician and physician and the physician and the standing physician and completely filled in by the full physician and the physician	De met wrom it nous are been will alle 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-0020 ng physician. he buriat-transit permit. Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
	CF	ERTIFICATE	OF	DEAT	H		REG	NO

	1. DECEDENT'S NAME (First PATRICK		MAS HAI	RNETT						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les	o de l'adde adas d	IF UNDER		1			26,		10:35 p.m M
	168-46-49	67	1 XM 2 D F	39	YRS.	MONTHS	DAY8	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) May 1	1952	Count	NPLACE (State or Foreign try) V Jersey
OR	90. FACILITY NAME (# not # THE JOHNS	HOPKI	NS HOSPI	ral .				RE C		ATH		TIMO	DEATH ORE CITY
5	RESIDENCE OF DEC	10b. COUNT	_										
DIRECTOR	Md.	100. 00011				r, town o		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CI	TIZEN OF	WNAT COUNTRY?
5	4812 Arabia Av	/enue						2121	4		US	A	
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XN	IMED 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2X NO Specify:						Black, White, etc.		
	15, DEC	EOENT'S EDU	CATION	16a, DE	CEOENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF E	USINESS/IN	DUSTRY	
15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 5 + Clinical Social Worker 16. MOTNER'S NAME (First, Middle, Last) 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY													
OM	17. FATHER'S NAME (First, M	liddle, Last)	0 1	011	mcar	30010	I W		CDIO MAI	ME (First, Middle, Malde			
BE C	Daniel Harnett							Cat	theri	ne Thomas			
2	Susan Anne Har									ne, Md. 212		ip Code)	
	20a. METHOO OF DISPOSIT 1 X Burlat 2 ☐ Crematic	on 3 🗆 Ram	oval from Stata	20b. PLACE A	NDDATE	OF DISPOSI	TION (Na	ma of		OATE 20c. I	OCATION -		
	4 Donation 5 Other 21. SIGNATURE OF FUNERA	Parkw	0001						ltimor	e, Md.			
	^	1 / /				1000		O ADORES					
	James	t. My	caden			Le	onar	a J. F	RUCK	Inc. 5305 H	artord	Road	21214
ehock, or heert fellure. List only one ceuee on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) e. Carcing matous mening its out to final out to								intervel Between Onset end Death Days					
MEDICAL	PART II. Other significe	nt condition	e contributing to	deeth but not re	esuiting i	in the und	lerlylng	ceuse g	iven in I	Part I. 24s. WAS A PERFO	N AUTOPSY DRMED? 2 NO	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
₹	25. WAS CASE REFERRED TO	D MEOICAL					26 Pt	ACE OF DE	ATM (Cho	ck only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outnetlant 3	T 004	OTHER							
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF	INJURY	26b. TIM	E OF	26c. INJI		Hoanca (26d. OEŞCRIBE NOW	INJURY OC	CHBED	
BYP		Pending Investigation	(Month, Da	y, Year)	INJ	M	1 🗌 Y	RK?	NO		moon, oc	CONED	
3 Suicida 6 Could not be 4 Nomicide detarmined 28s. PLACE OF INJURY — At home, term, etreat, factory, office 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											Route Number,		
	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of a	my knowledge, das	th occurre	d at the tim	ne, data	and place.	and dua I	to the cause(s) and m	anner se etc	ted	
COMPLE	one) 2 MEDI	CAL EXAMINE	R: On the beats of ax	amination and/or in	veatigatio	n, In my op	Inlon, de	eth occure	d at the t	ime, data and place,	and due to ti	he cause(s	s) and manner as stated.
M M	296. SIGNATURE AND TITLE	OF CERTIFIER	-0					29c. LICE			29d. OAT	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WN	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		V.	365	77		1/2	6/91
	DR. SIDRA	NSKY	JOHNS /HO	OPKINS H			600	N WO	LFE	ST. BALTI	MORE,	MD.	21205
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE 9 1891 grave Devision Forders.												

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TO ALL MECONDS, F.O. DOA 007 00	G PHYSICIAN: The law requires that the death certificate be executed within 24 me	
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	1. DECEDENT'S NAME (First, Middle, Last)				ICATE O		1111	2. DATE OF D	EG. NO.		3. TIME OF DEATH
	CONSTANCE	Τ.			AUPT			1 MONTH	27 DAY 19	9 TEAR	4:57 P
	4. SOCIAL SECURITY NUMBER 216-36-0536	5. SEX	6. AGE (In yrs. le:	YRS.	IF UNDER 1 YEA MONTHS DAY	_	ER 24 HRS.	7. DATE OF B	13°, 1939	Countr	PLACE (State or Foreign
r	99. FACILITY NAME (If not institution, give s 4240 SEIDEL A				9b. CITY, TOW				9c. COU	NTY OF D	EATH
2	RESIDENCE OF DECEDENT						TORE	CITY			_
- DIRECTOR	Maryland 106. STREET AND NUMBER			10c. CIT	y, town or Lo Bal	timor	e				10d. INSIDE CITY LIMITS? YXX YES 2 NO
E A	4240 Seidel Ave.				- 3	10f. ZIP CO	DE 21.206			ZEN OF W	/HAT COUNTRY?
DI FUNERAL	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X XI	IMED NO	If yea,	ECENDENT	OF HISPA	NIC ORIGIN? (Sp	ecify Yea or No-	14 BACE	- American Indian, , White, atc.
COMPLEIED	15. DECEDENT'S EDUI (Specify only highest grade		(G	ive kind of a	USUAL OCCUP/ vork done during	TION most of work	kina	18b. KING	OF BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12) NA	College (1-4 or 5 + NA) IIIo	omema	e retired.)			Ox	vn Home		
֝֓֓֓֟֓֟֝֟֓֟֓֟֟֓֓֓֟֟֓֓֓֟֟֓֓֓֓֟֓֓֓֟֓֓֓֟֓֓	t7. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA		, Maiden Surname)		
	John Grynkiewicz							Bajerna			
2	190. INFORMANT'S NAME (Type/Print) Phillip J. Haupt	(Husband	190						ty or Town, State, Zip		
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	OF DISPOSITION		., "		20c. LOCATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		Garde	ns of	Faith				Baltimo	ore,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,			and addr munek			mes, Inc	c.	
-	23. PART L'Enter the disease, or cannot be shock or heart fellure	belle	~		3331	Breh	ms I.	ane. Ba	altimore	Md.	21213
	ahock, Dr heart feilura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Antonos		- cp	1000	psin	mor	01500	iv-		Interval Batwean Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants	2.	OR AS A CONSEC								
	resulting in death) LAST										
	PART II. Other significant condition	i	death but not r	nguiting i	n the underly		mlu-m t-	0-11			
- 11		a contributing to	death but not r	esulting i	n tha undarly	ing cause	given in	1	YES 2 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
- 11	PART II. Other significant condition	a contributing to	death but not n	esulting i	n the underly	ing cause	given in	1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
- 11	PART II. Other significant condition O 5 45 1 TV 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a contributing to	death but not n	esulting i	28			1	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
- 11	PART II. Other significant condition O 50 45 1 75 25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	ER/Outpatiant 3	□ DOA	28 OTHER: 4 □ Nursing H	PLACE DF (DEATH (Ch	a Other (Spec	PERFORMED? YES 2 (NO SCOTT City)		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	PART II. Other significant condition O V S I TV 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 Inpatient 2 (Month, Da	ER/Outpellant 3 INJURY y, 'vear)	DOA 26b. TIME	OTHER: 4 Nursing H OF JRY M 1	PLACE DF 1 Oma X(XR NJURY AT VORK? YES 2 {	DEATH (Ch	a Other (Spec	YES 2 (INO SCOTO City) E HOW INJURY OCC	CURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PART II. Other significant condition O S I TY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? K XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da	ER/Outpatiant 3	DOA 26b. TIME	OTHER: 4 Nursing H OF JRY M 1	PLACE DF 1 Oma X(XR NJURY AT VORK? YES 2 {	DEATH (Chi	a Other (Spec	PERFORMED? YES 2 (NO Signature of the state	CURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be 4 Homicide defarmined	HOSPITAL: 1 Inpatiant 2 Inpati	ER/Outpetlant 3 INJURY y, 'bar) FINJURY — At horitic. (Specify) my knowledge, dai	DOA 28b. TiMi	OTHER: 4 □ Nursing H OF P	PLACE DF II	DEATH (Cholesidence	ack only one) a Other (Specal Describe) 28d. Describe) 28f. LOCATION City or Tow	PERFORMED? YES 2 NO Signal of the state of	or Rural Ro	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	PART II. Other significant condition O V S I TY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be determined 20e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpatient 2 Inpati	ER/Outpetlant 3 INJURY y, 'ear) FINJURY — At horstic, (Specify) Try knowledge, dail	DOA 28b. TiMi	OTHER: 4 □ Nursing H OF P	PLACE DF (ma X/XR NJURY AT YORK? YES 2 [Itea Ite and place death occur	DEATH (Cholesidence	ack only one) a Other (Special Describing City or Town to the cause(a):	YES 2 (JNO City) E HOW INJURY OCC (Street and Number n, State) and manner as atat	or Rural Ro	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	PART II. Other significant condition O V S I TY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? K XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 1 Inpatiant 2 28a. DATE OF (Month, Da 28a. PLACE OF building, e	ER/Outpetlant 3 INJURY y, Year) FINJURY — At horistic (Specify) my knowledge, das amination and/or in	29b. Time INJI me, farm, a ath occurre	OTHER: 4 Nursing H OF JRY M 1 Creet, factory, of	PLACE DF (ma X/XR NJURY AT YORK? YES 2 [Itea Ite and place death occur	DEATH (Cho	a Other (Special Describer City or Tow to the cause(s):	YES 2 (JNO City) E HOW INJURY OCC (Street and Number n, State) and manner as atat	or Rural Ro	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Pute Number, and manner as stated.

	1. DECEDENT'S NAME (First, Middle, La	ast)	CERTIF	FICATE OF	DEATH	T 2 DAT	REG. NO).		THE OF DEATH
	Iula		HOFFNER			Nov	ember °	27, 1	991	8:18 P
)	4. SOCIAL SECURITY NUMBER 214-22-9916 9a. FACILITY NAME (If not institution, gi	1 M 2 XF	B. AGE (In yrs. lest birthdey) 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Apr	OF BIRTH th, Day, Ybar)	927	Ke	entucky
TOR	Franklin So	quare Hospit	cal	Baltim	OR LOCATION OF D	DEATH			timo	
DIRECTOR	Md. 10b. COL		10c. CI	TY, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1018 Middleb	orough Roa	ad	10	1. ZIP CODE 2122	21		10g. CITI	ZEN OF W	HAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	II yea, s	CENDENT OF HISPA pecity Cuban, Maxic 3 2 NO Speci	an, Puarto	N? (Specify Yar Rican, atc.)	a or No-	14. RACE Black Specif	- American Indian, Whita, atc. Y: White
IPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 7th	EDUCATION rade completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	s usual occupation work done during me use retired.) er radar	ost of working		West	siness/ind		WIICC
BE COMPL	17. FATHER'S NAME (First, Middle, Last) James Penso			7 (14)	18. MOTHER'S NA		Middle, Maiden Carte			
TO E	19a. INFORMANT'S NAME (Type/Print) Barbara Over		19b. MAILING 101	8 Middle	nd Number or Rural burough	Route Num Road	ber, City or Tow BAlt	n. State, Zip	Code) Md.	21221
	20a METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE			DAT		cation — c		
	23. PART I. Entar the disesses, shock, or heart failured immediate CAUSE (Final disease or condition resulting in dasth)	. List only ona causa	on aach iina.	not antar the mo		ch as car				Approximate interval Batween Onast and Desth
2 1			R AS A CONSEDUENCE O	ve Pulmo	nary Dis	ease				
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF DUE TO (OF c.		F): F):	nary Dis	ease				
MEDICAL CERTIFI	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant conditions to the condition of the condition of the cause of	DUE TO (OF DUE TO (OF DUE TO (OF d. d.	R AS A CONSEQUENCE O	F): F):			24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL CERTIFI	If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF DUE TO (OF d	R AS A CONSEQUENCE O	F): F): in the underlying 26, PL OTHER:	g causa givan in ACE OF DEATH (Ch	Part I,	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi	DUE TO (OF DUE TO (OF DUE TO (OF d. HOSPITAL: 1 [Xinpatlant 2 = Ef (Month, Day, 1)	R AS A CONSEQUENCE O	F): F): In the underlying 26. PL OTHER: 4 □ Nursing Hom E OF URY WO	j causa givan in ACE OF DEATH (Ch a 5 □ Raeldenca	Part i.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi	DUE TO (OF DUE TO (OF DUE TO (OF d. DUE TO (OF d. HOSPITAL: 1 [\(\text{Month}, Day. \) 28a. PLACE OF IN. be be 28b. PLACE OF IN.	R AS A CONSEQUENCE OF AS A	F): F): In the underlying 26. PL OTHER: 4 Nursing Hom E OF URY M 1 N	ace of Death (Ch a 5 — Raddenca URY AT RK?	Part I. eeck only or 6 Othe 28d, DES	PERFOR 1 YES 2 1 YES 2 1 YES 2	MED? X) NO	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are all the conditions of th	DUE TO (OF DUE TO (OF DUE TO (OF d. DUE TO (OF d. HOSPITAL: 1 [\(\text{Month}, Day. \) 28a. PLACE OF IN. be be 28b. PLACE OF IN.	R AS A CONSEQUENCE OF A SA A CONSEQUENCE OF	F): F): 26. PL OTHER: 4 \(\text{Nursing Hom} \) E OF WY M I \(\text{NV} \) workrast, factory, official	ACE OF DEATH (Ch a 5 - Raeldence URY AT RK? CES 2 - NO	Part I. 6 Otha 28d. DEs 28f. LOC City	PERFOR 1 YES 2 To (Specify) CRIBE HOW IN ATION (Street a or Town, State)	NJURY OCCI	UREO or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are all the conditions of th	DUE TO (OF DUE TO (OF C. DUE TO (OF d. HOSPITAL: 1 [Xinpattant 2 = Ef 1 [Xinpattant 2 = Ef 28a. DATE OF IN. (Month, Day.) 1 28a. PLACE OF IN. be be 28a. PLACE OF IN. (Month, Day.) YSICIAN: To the beat of my INER: On the beat of axam	R AS A CONSEQUENCE OF AS A	F): F): 26. PL OTHER: 4 \(\text{Nursing Hom} \) E OF URY M 1 \(\text{V} \) wo ntrast, factory, official and at the time, data in, in my opinion, di	ACE OF DEATH (Ch a 5 - Raeldence URY AT RK? CES 2 - NO	Part I. Seck only or Chy Seck only or Chy To the cautime, data	PERFOR 1 YES 2 To (Specify) CRIBE HOW IN ATION (Street a or Town, State)	NJURY Occi	UREO or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

cian.	-transit permit. Pages 1.	
ath. Page 6 may be retained by the hospital or attending physic	neral director, page 5 should be detached for use as the burial	iminer must be notified at once.
D THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 is filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal	MPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN:	THE FUNERAL DIRECTOR: After this certifical filed within 72 hours after death with the St	APORTANT: If item 28 is marked, or it

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	1 - STATE REGISTRAR	STATE OF M	С	ERTIF	ICATE	OF	DEATH	D INCIAI)	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DAVID		н	AVEL	TON			2. DAT	E OF DEATH	v 1	9 7549	3. TIME OF DEATH 5:59 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia		IF UNDER 1	YEAR DAYS	IF UNDER 24 HE HOURS MI	RS. 7. DATE	OF BIRTH th, Day, Year)			PLACE (State or Foreign
HOL	99. FACILITY NAME (If not institution, give s UNION MEMORIA) RESIDENCE OF DECEDENT						PR LOCATION O		13-193		INTY OF DI	EATH
DIRECTOR	10a. STATE 10b. COUNT Maryland	na			y, TOWN OF altim		TON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
LONEHAL	100. STREET AND NUMBER no fi					101	. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
ED 81 LO	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2	NO	1	Yee, spe	2 NO S	xicen, Puerto	N? (Specify Yae Ricen, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.
COMPLETE	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	ECEDENT'S Give kind of v n. Do NOT us	VSUAL OCI vork done du e retired.)	CUPATIO	ON st of working	16	b. KIND OF BUS	INESS/IN	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First,	Middle, Maiden S	Surname)		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	Street e	nd Number or Ru	ural Route Num	ber, City or Town	, State, Zij	Code)	
		in sflate	20b. PLACE cemetery, cre			ION (Na	me of	DAT	E 20c. LOC	ATION —	City or Tov	rn, State
	21. SIGNLATORE OF FUNCTULAL SERVICE LA	Welle		25-91	65	5 W		imore	STATE St, Ba	lto.	,MD 2	
	t. Entar the diseasas, or shock, pr haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PER TO	a Dn each line).		ha mpo	da of dying, a	auch es car	diac or respir	atory an	rest,	Approximata intarval Batwar Onast and Dea
	Sequantially list conditions, if eny, leading to immediata cause. Enter UNDERLYING	PERFO		Pot	2 DU	00	EMPC	ULC	eh.			
	CAUSE (Disease or injury	DUE TO (OR AS A CONSE	QUENCE OF):							
	that initieted events resulting in death) LAST	d										
		d	laath but not r	resulting i	n tha und	erlying	causa given	in Part i.	24e. WAS AN A PERFORM	AED?		WERE AUTOPSY FINDING AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		v			Causa given		PERFORM 1 YES 2	AED?		AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant condition		ER/Outpetlant 3	v	OTHER:	28. PL	ACE OF DEATH 5 □ Raelden	(Check only or	PERFORM 1 YES 2	MED?		AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?

					PERFORMED? 1 VES 2 NO	AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)									
EXAMINER?	HOSPITAL: 1 Inpetiant 2 ER/Outpetiant	3XI DOA	OTHE							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TII		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED				

SOMETIME AND THE OR ASSESSED.		
MONATURE AND TITLE OF CERTIFIED	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
IGNATURE AND TITLE OF CERTIFIE	O.C.M.E	11-12-1991
NAME AND ADDRESS OF DESCRIPTION		11-12-1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. Hoseh

PENN STREET BALTIMORE, MARYLAND 21201 111 N.

HARAMO 31. DATE 1450 1991 32. REGISTRAN'S SIGNATURE who Davidson-Randell

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TR
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	1. DECEDENT'S NAME (First	, Middle, Last)		4	11	GLENN	Н	ILL		2. DATE OF DE	ATH 11	15,49	13. TIME OF DEATH
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. I	ast hirthday)	IF UNDER	VEAD	IF UNDER	24 1400	7 0075 05 015	14	7/	10pm
			1 🔀 M 2 🗆 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIF (Month, Day,	Year)	8. BIRTH	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not it					9b. CITY,	TOWN C	OR LOCATI	ON OF DE	5-29-1		DUNTY OF D	FATH
OR	Prince Geor	ge Cou	inty Hosp	ital			ever						
ECT	RESIDENCE OF DE	10b. COUNT									JPTI	nce G	eorge Co
DIRE	Maryland		nce Geore	re co	10c. CIT	Y, TOWN O	R LOCAT	17.1	- D1	easant			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		100 0001	90 00			L			easant			1 YES 2 NO
RA	417 Carmo		1 Dwissa				101	ZIP COD			10g. C	ITIZEN OF W	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	dy III.	12. WAS DECEDEN	IT EVER IN U.S. A	RMEO	13. W	AS DEC	207		IIC ORIGIN? (Spec	olfu Yee or No	T 44 BAOE	— American Indian.
BY	1 Never Married 2 3 Widowed 4 Dive		FORCES?	YES 2 MAR OR DATES	NO ON	1 11	yee, spe	ecify Cube 2 NO	n, Maxicei	n, Puerto Rican, a	itc.)	Black	, Whita, elc.
	15. DEC (Specify on	EDENT'S EDU	CATION completed)	16e. D	ECEDENT'S Give kind of	USUAL OC	CUPATIO	ON of working		18b. KIND	OF BUSINESS/	NDUSTRY	
IPLET	Elementery/Secondary (College (1-4 or 5		e. Do NOT us	se retired.)	ang mo:	st of workir	g				
E COM	17. FATHER'S NAME (First, A	liddle, Last)				77		18, MOTH	IER'S NAI	ME (First, Middle, I	Maiden Sumame)	
TO BE	19e. INFORMANT'S NAME (ype/Print)		11	9b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	Route Number, City	or Town, State,	Zip Code)	
	20a. METHOD OF DISPOSIT	n 3 Rem	roval from State		ANDDATE		ION (Na	me of		DATE 2	0c. LOCATION	— City or Tov	wn, State
	4 Donetion 5 Other	(Specify)i_	n state	cemetery, cr	remetory or of	ther place)							
,	21. SIGNATURE OF PUNERA 23. BART I. Enter the d shock, or h	Allesses, pr	Land Complications the	t caused the d	-25-9	1		do of du		01711	E ANAT		
	IMMEDIATE CAUSE (Fit disesse or condition resulting in desth)		Home	OR AS A CONSE	100								Approximate Interval Betwee Onset and Des
ERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diste NG ry	с.	(OR AS A CONSE									
0	PART II. Other significs	nt condition	d.	death but not	resulting i	n the und	erlylog	COURA	han in I	Deat Lee W			
I: MEDICAL	Ethy	lim	7			The dia	orrymg	, cause g	iven iii i	P	AS AN AUTOPS ERFORMED? (ES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PL/	ACE OF DE	ATH (Che	ck only one)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 000A	OTHER:				6 Other (Specif			
Y P		Pending Investigation	28e. DATE OF (Month, Da	INJURY	28b. TIME	OF 2	8c. INJU WOF	JRY AT		26d. DESCRIBE		CCURED	
ETED B	3 Suicide 8	Could not be detarmined	26e. PLACE O building,	F INJURY — At he elc. (Specify)	ome, larm, s	treal, lector	y, office			281. LOCATION (City or Town,	Street and Numb State)	er or Rural Ro	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERT 2 MEDI	CAL EXAMINE	CIAN: To the best of as	my knowledge, de ceminstion end/or	esth occurre	d at the tim	e, data a	and piece,	end due t	to the cause(e) er	nd manner ae si	Isted. The ceuse(e)	end menner ee stated.
TO BE	296. SIGNATURE AND TITLE SUGUENO	Y	Loury	ugri	m		1	29c. LICE D 2	NSE NUM	BER -30	29d. D/	TE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF	PKE	dVIEW	SE OF DEATH (ITE	M 27) (Typo,	Print)	Par	y pe	im	Ct.C	· Spre	160	M/2074
	NOV 27 19		Lika David	- Pande	02						V (

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hy	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MEDICAL

PHYSICIAN:

BY

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91 32608 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HJ. JENKINS YEAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 150-14-984 1 M 2 F 3 9a. FACILITY NAME (If not institution, give street TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH META DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Altimor 1 YES 2 NO BY FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 22 USA WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexicen, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify. Black 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) G.E. A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cumbe nes t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 Jenkins Mane md. 21216 to 20a, METHOD OF DISPOSITION

1 | Burlel 2 | Cremetton 3 | Removal from State
4 | Donetton 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Na DATE 20c LOCATION - City or Town, State OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY March Dalto md. 21215 4300 23. PAPT i. Enter the theases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock of heart fallura. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Daath disease or condition pliagence resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

PART II. Othe	r significant c	onditions contril	buting to death b	out not resulting i	n the underlying caus	e given in Part I.

DUE TO (OR AS A CONSEQUENCE OF)

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 - YES 2 NO 1 M Inpetient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🗵 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be

29s. CERTIFIER	
(Check only	1 X CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated.
one)	2 MEDICAL EXAMINER: On the heate of exemination andier investigation in according

1/2/6473

Sher A Hashuri MD	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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38 REGISTRAR'S SIGNATURE
FUNDA DAMINON-PUNDARE

	TO THE CONTRACT AND THE STATE OF THE STATE O	10 IHE FUNERAL INTERIOR AND THE CONTRACTOR OF THE FORMAL AND THE FUNERAL MILE OF THE FUNERAL DIRECTOR, DATE 5 SHOULD BE DETACHED	n, or removal.	IMPORTANT: If term 28 is marked, or than 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	icate de executed within 24	physician and completely fi	be filed within 72 men and the Sale Deriver of the Sale Deriver of the Sale Deriver of the Sale Sale Deriver. Or removal.	er traumatic event, th	
	THE THE DIS GRADI COLLEGE	Shift by the attending	eath and Mental Hygler	es any injury, or oth	
Concession with the last	HTSCIAM ITS SALEGO	VS CHITTICZES NOS DOGFT	offs the State Dept. of H	ed, or flem 23 show	
TAL AND APPROXISION OF	IAL UP ALTENDING PI	AL INFECTOR After IN	72 hours after death w	If Item 28 is mark	
TO THE HORDE	ות וחב חטפרו	TO THE PUNER	be filed within	IMPORTANT:	

TAMES H. JENNINGS 1. SORT OF CREATE 1. SORT OF CR		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND ME	NTAL HYGIENE REG. NO.	1 32	2609
226—03—1869 T. Y. P. T.				ENNINGS			DATE OF DEATH DAY	9 YEAR	7
UNION MEMORIAL HOSPITAL BALTIMORE STATE SECURITY SEC		226-03-1869	1 X X 2 - F	70 YRS. M	ONTHS DAYS	HOURS MIN.	11/8/21	8. BIRTH Countr	v)
STREET AND NUMBER 432 EAST 20th STREET 1. MARINET STRUE 1. MARI	TOR	UNION MEMORI						COUNTY OF D	EATH
The state of the s		MD	TY .						LIMITS?
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The Cocception of Edition of Colors (Cocception of Cocception of Coccept	BY	1 Never Merried 2 Merried	FORCES? 1 YES	S 2X NO	If yea, spe	city Cuben, Mexicen, Pu	RIGIN? (Specify Yee or No serto Rican, atc.)	Black	fy:
The MARLHO ADDRESS (Stends and Number or Data) (Thorse Number, Stands, 170 Code) 19th Northward's MARK (Pipeliford) GLORIA DICKERSON 19th MARLHO ADDRESS (Stends and Number or Data) (Number of Data) (Number o	PLETEC	(Specify only highest grad	le completed)	(Give kind of won life. Do NOT use n	k done during mos	N t of working	16b. KIND OF BUSINESS	S/INDUSTRY	DIACK
1986 MALLING ADDRESS (Greet and Number of Real Ribus Number, City or Tiber, State, State (Proposition of California) 1986 Maria (2) Committees on 3 1986 maria (2) Cammittees on 3 1986 maria (2) Cammittees on 3 1986 maria (2) Cammittees on 4 1986 maria			JENNIN	G					
23. PART I. Enfar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between Shock, or heart failure. List only one cause on each line. MM. C. MARCH F. H. 1101 E. NORTH AVE		GLORIA DIC		196. MAILING AD 432 I	DORESS (Street on E. 20t)	Number or Rural Route O ST./BA	Number, City or Town, Stell LTIMORE,	B, Zip Code) MD.	21218
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, independent shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions) In any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (RF AS A CONSEQUENCE OF): OUE TO (RF AS A CONSEQUENCE OF)		4 Donetton 5 Other (Specify) WESTERN STAR CEMETERY CATONSVILLE, MD							
INMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (PA AS A CONSEQUENCE OF): DUE TO (P		> Blad	e War	م	WM.C	MARCH I	F.H. 1101	E. N	ORTH AVE.
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PRIDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1	ENITICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. A when DUE TO (OR AS DUE TO (OR AS C. C. n. 9 6	A CONSCOUENCE OF): A CONSCOUENCE OF):			1 0	r arrest,	Approximate Interval Between Onset end Death
2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as atted. 29e. LICENSE NUMBER 29e. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. ACCIdent Street and Number or Rural Route Number, City or Town, State) 29e. LICENSE NUMBER 29e. DATE SIGNED (Month, Day, Year) N/A 32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	MEDICAL	PART II. Other eignificent condition Type Fens! Next 100 100	ne contributing to deeth	but not resulting in t	the underlying	cause given in Part	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 Accident survey sets and survey states of the sets of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. LICENSE NUMBER 29c. LICENSE NUMBER 29c. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	TOICLE	2 Accident Investigation M 1 YES 2 NO							
29c. LICENSE NUMBER N/A 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARDUTIOUN SHAHIN, AN UMH								oute Number,	
29c. LICENSE NUMBER N/A 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARDUTIOUN SHAHIN, AN UMH	MILLEIE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	vledge, death occurred a	it the time, data a	nd place, and due to the	e cause(s) end menner as	atated.	
HARDUIDOUN SHAHIN, AN UMH	4			on and/or investigation, li		29c. LICENSE NUMBER			
		HARDUIIOU	O COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Pri	nt)	umH			

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TOTAL PROPERTY.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	thin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	H, I
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR	RTMENT OF	HEALTH AND	MENTA	L HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) EUARISTO			ENEZ		2. DATE		1994	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	1 🔀 M 2 🗌 F	AGE (In yrs. last birthday)	MONTHS DAYS		7. DATE (Mont	OF BIRTH th, Day, Year) 30-1918	8. BIF	TTHPLACE (State or Foreign unity)
TOR	9a. FACILITY NAME (If not institution, give s 2011 N. PULASKI RESIDENCE OF DECEDENT			96. CITY, TOWN	OR LOCATION OF			9c. COUNTY OF	DEATH
DIRECTOR	Maryland 106. COUNTY	na		TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2011 N. Pulask			2 12 17			10g. CITIZEN OI	F WHAT COUNTRY?	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FONCES? 1 YES 2 NO If yes			ECENDENT OF NISP specify Cuban, Maxi S 2 NO Spec	Ican, Puarto	1? (Specify Yea or Rican, etc.)	Bi	ACE — American Indian, ack, Whita, etc. eccity: Hispanic
PLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of life, Do NOT u.	S USUAL OCCUPAT I work done during muse retired.)	TON tost of working	16b). KIND OF BUSIN	IESS/INDUSTRY	
E COMPL	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	NAME (First,	Middle, Maiden Su	irname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	end Number or Rura	al Route Numi	ber, City or Town,	State, Zip Code)	
	20e. METNOD OF DISPOSITION 1	n state	20b. PLACE AND DATE cometery, cremetery or o	other plece)	Name of	PACILITY S	20c. LOCA	TION — City or	
	IMMEDIATE CAUSE (Finel dieeese Dr condition resulting in deeth)	e. ARTERIO SE	aueed the deeth. Do ron each line.	not enter the m	nde of dyling, eu	uch ee cerd			MD 21201 Approximete Intervel Between Onset end Death
CERTIFICATION	Sequentielly liet conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	с.	R AS A CONSEQUENCE OF						
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	s contributing to dec	eth but not resulting	in the underlying	ng cause given is	n Part I.	24s. WAS AN AU PERFORME t YES 2 5	ED?	Ab, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	D/Outpatient 3 DOA	OTHER:	PLACE OF DEATH (C				
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation								
	290 PLACE OF INTERPO							Route Number,	
COMPLETED	Check only one) 1 CERTIFYING PNYSIC MEDICAL EXAMINER	CIAN: To the best of my R: On the bests of axami	knowledge, death occurre	ed at the time, data on, in my opinion,	a and pleca, and du	is to the cau	se(a) end menner end place, and d	r ee stated. Iva to the cause	(e) end mennar ea atated.
TO BE C		ght MD			O.C.M		29		ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO DOWNLO G WRIGHT	MD DOME	111 PE		REET BA	LTIM	ORE MA	RYLAN	D 21201
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Las	A1	CERTIFIC	DATE OF	DEATH	REG. NO.		
LORENZO W. KEYS	on .				2. DATE OF DEATH	YE VA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6 17	NRTHPLACE State or Foreign
212-18-8157	1 🛚 M 2 🗆 F	73 yrs.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8 7 18	1 0	Maryland
9a. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
Sinai Hospital RESIDENCE OF DECEDENT 10e. STATE 10b. COUN			Balt	timore			
10a. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
			Baltimo				1 X YES 2 NO
	abba Daad		10	1. ZIP CODE			OF WHAT COUNTRY?
9018 Meadow Hei	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	21133	IIC ORIGIN? (Specify Yes	USA	RACE — American Indian.
1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1/1 YE IF YES, GIVE WAR OR 9/30/43-	S 2 NO	If yes, sp	ecify Cuben, Mexice 2 NO Specify	n, Puerlo Rican, etc.)		Black, White, etc. Specify: Black
15. DECEDENT'S ED (Specify only highest gra-	UCATION	18a. DECEDENT'S US (Give kind of wor	SUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTI	
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	x done during mi retired.)	ost of working	Bethleh	em Ste	el Corporatio
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden :	Surname)	
John W. Keys				Elvira B	room		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural F	Noute Number, City or Town	, State, Zip Code	9)
Bernice Keys Co					oad. Randa		
1 Donation 5 Other (Specify)	movel from State	Ob. PLACE AND DATE OF emetery, crematory or othe	r place)			CATION — City	
11. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	Garrison F		A. Cem	12/2/91 Ow		
> 911	8/	7-1	AZ. IVAME A	NO ADDRESS OF PAC	riar Cii r		
Villan	A) AC	on			4300 Wa		venue
23. PART I. Enter the diseases, pr shock, or heert failure	complicetions that ceus List only one cause on	ed the deeth. Do not eech line.	enter the mo	de of dying, such	as cerdiec or respir	atory srreet,	Approximate intervel Between
iMMEDIATE CAUSE (Finel disease or condition	Protie.	SHICK					Onaet and Death
reculting in deeth)		A CONSEQUENCE OF):					
	d'and	TOA . JALLANA	k. er	DC 4 S			
Sequentieily list conditione, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	W >6	12-12			
cause. Enter UNDERLYING CAUSE (Disease or injury	C						
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
Teading in death) CAST	d						
PART II. Other significent condition	ns contributing to death	but not resulting in	the Underlyin	g ceuse given in i	Pert I. 24s. WAS AN	UTOPSY	24b. WERE AUTOPSY FINDINGS
					PERFORI		AVAILABLE PRIOR TO CDMPLETION DF CAUSE
					1 TYES 2	NO	OF DEATH?
						130	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	ck only one)		
	HOSPITAL:		THER: Nursing Hom	e 5 🗆 Reeldence	5 Other (Specify)		
1 TYES 2 NO	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		URY AT	26d. DESCRIBE HOW IN	JURY OCCURE	0
1 _ YES 2 _ NO 27. MANNER OF DEATH			M 1 1	ES 2 NO			
1 TYES 2 NO			at factors		281. LOCATION (Street ar	nd Number or Ru	ral Route Number
1 Ves 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. PLACE OF INJUR building, atc. (Sp	Y — At home, ferm, streecify)	et, ractory, ome		City or Town, State)		Totale Harrison,
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Sp	ecify)					Total Turnou,
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only	SICIAN: To the best of my kno	wledge, deeth occurred a	at the time, date	and place, end due t	to the cause(s) end menr	ner as stated,	
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my kno	wledge, deeth occurred a	at the time, date	and place, end due t	to the cause(s) end menr	ner as stated,	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only	SICIAN: To the best of my kno	wledge, deeth occurred a	at the time, date	and place, end due t	to the cause(e) end ment lime, data and piece, and	due to the cau	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	SICIAN: To the best of my kno ER: On the basis of examinati	wiedge, deeth occurred and on and/or investigation, in	nt the time, dista	and place, end due t	to the cause(e) end ment lime, data and piece, and	due to the cau	se(s) and menner as stated.
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my kno ER: On the basis of examinati	wiedge, deeth occurred and on and/or investigation, in	at the time, date in my opinion, d	and place, end dua to eath occured at the f	to the cause(e) end ment lime, data and piece, and	due to the cau	se(a) and menner as ateled. NED (Month, Day, Year) 26 Kg 1



FOR

	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leat) NELLIE LEWIS KANE (AKA ELEANOR) 2. DATE OF DEATH MONTH DAY NOU ZE 1991 805 A	м
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lost birthday) 1 UNDER 1 YEAR 1 F UNDER 14 HS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 M F 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 M F 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M F 2 M 2 M	
TOR	9a. FACILITY NAME (If not Institution, give street and number) MERIDIAN - LONGREEN BALTIMORE PESIDENCE OF DECEDENT 9c. COUNTY OF DEATH BALTIMORE	
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY	
	1 YES 2 NO	
FUNERAL	1848 YAKONA HOAD 21204 USA.	
BY	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.) 16. RACE — American Indian, Black, White, atc. 17. YES 2 NO Specify: Sp	
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) AT HOME AT HOME	
ш	17. FATHER'S NAME (First, Middle, Last) O. S. KELSEY 18. MOTHER'S NAME (First, Middle, Melden Surreme) EMMA YOUNG	
TO B	19a. INFORMANT'S NAME (Type/Print) KATHLEEN L. CARRICK 1848 YAKOWARD. BALTIMORE, MID	
	20a, METHOD OF DISPOSITION 1/1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of cemetery, cramatory of cher (specify) 20b. PLACE AND DATE OF DISPOSITION /Name of cemetery, cramatory of cher (specify) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY DEPAR HOME 8521 LOCH RAVEN BLUD BALTO. MD	
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. ACUTE MYO CAMPAL INFACTION	
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying causs given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 WAS AN AUTOPSY FINDING: AMALIABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	5
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)	_
IYSI	1 VES 2 NO 1 Inpellant 2 ER/Outpetlant 3 DOA 4 Williams Home 5 Realdence 8 Other (Specify)	
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	
- 11	3 Suicida 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	
w II	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)	4
TO B	MINICIO UL CULTURA MO DO 7697 ► 11/29/9/ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
	DR. MARCIO.M. MENENDEZ 7505 OSLER DR. BALTO. MD.	
	11. ALE FILED (HONG) DOR 1999 1 A2. ARRIVENAN'S SIGNATURE	

D1988 10		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	CLARENCE KEE	NEY			NOVEMBER	17. 199	1 8 :05 P.M
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	last birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS.	. 7. DATE OF BIRTH		THPLACE (State or Foreign
	X12 XU-1213	1 M 2 D F 8	YRS.	DATS HOURS MIN.	57151	1903	1).5.A.
œ	90. FACILITY NAME (If not institution, give :		9b. C	ITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	MARYLAND GENERA	L HOSPITAL		BALTIMORE, C	ITY		
JEC	10a. STATE 10b. COUNT	Υ	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
2	MARYLAND		BALT	IMORE, MARYL	AND		LIMITS?
AL	10e. STREET AND NUMBER			101. ZIP CODE	/	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	e NIH UNKNOW	ON		- unkr	1000	1)	.50
5	11. MARYTAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 V	RMED	3. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Y	10 or No - 14. RA	CE — American Indian,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	ZNO I	Il yes, specify Cuban, Maxi 1 YES 2 NO Spec			ck, White, etc.
ED E	15. DECEDENT'S EDU	CATION L					Black
ETE	(Specify only highest grade	completed) (Give kind of work don the Do NOT use retired	ne during most of working	16b. KIND OF BI	JSINESS/INDUSTRY	
P.	Elementary/Secondary (0-12)	College (1-4 or 5+) ""	Da	10 Thank	1		
COMPL	17. FATHER'S NAME (First, Middle, Last)		La	te Moruenie	IAME (First, Middle, Maide		
	~ UNKNOWN)			III. MOTHER'S R	K C C Middle, Maidel	1 Sumame)	
) BE	19a-INEDRMANT'S NAME (Type/Print)	7)	9b. MAILING ADDRE	SS (Street and Manber or Rura	A Bourto Numbber City or To	and Chata Zin Cardal	-77
2	Darbara	terry :	Frank	LIN COURT	+ Mucsin	Home	Baltimore
	20 METHOD OF DISPOSITION	20b. PLACE	ANDDATEOFDISP	OSITION (Name of	DATE 20c, M	CATION - City or	Your State
	t Burlel 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)	oval from State cemetery, co	rematory or other place	Ptery	12-291 Ba	timore,	ml.
	21. SIGNATURE OF GUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY						
	«Cruin	CASSOOD	-	Ervin Ca	red t	oneral	Home
-	23. PART I. Enter the diseases, or o	complications that caused the d	lesth. Do not ent	er the mode of duling au	orth ave	DUT	o. MD.
	ahock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause on each lin	ie.	or the mode of dying, so	cir as cardiac or reap	eratory arrest,	Approximate Interval Batween
	disease or condition	SEPSIS					Onset and Death
	reaulting in death)	DUE TO (OR AS A CONSE	EOUENCE OF):				9 DAYS
Z		ASPIRATION PN	NEUMONTA				1 DAY
유	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE					1 DAI
2	CAUSE (Disesse or Injury	с,					
造	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):				
CERTIFICATION		d					
	PART II. Other algnificant condition	a contributing to death but not	resulting in the	underlying cause given in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
MEDICAL					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Ä	RENAL INSUFFIC	CIENCY			1 _ YES :	XINO	OF DEATH?
							t 🗆 YES 2 📈 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	heck only one)		
Si	1 YES 2 NO	HOSPITAL: 1 Sinpetient 2 ER/Outpatiant	DOA 4 N				
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2 NO			
	3 Suicida 8 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, lerm, street, Is	ctory, office	281. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
COMPLETED							
교	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, di	eath occurred at the	time, date end piece, end du	a to the cause(s) end ma	nner as atated.	
S I	one) 2 MEDICAL EXAMINE	R: On the basis of examination end/or	investigation, in my	opinion, death occured at the	e time, date and place, ar	d due to the cause(s) end menner as stated,
w II	296. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU			O (Month, Day, Year)
OB	Marine					NOVEMB	7/11
2	30. NAME AND ADDRESS OF PERSON WHO					MOVEMB	ER/17 1991
	NICHOLAS HAMUS		ARYLAND	GENERAL HOSP	ITAL		
	NOV 2 9 1991	32. REGISTRAR'S SIGNATURE	2				
	1104 20 1001	Julia Davidson-M	marke				

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been seen by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriantranest narmit Page 1.2 sebould	on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The properties in the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate him the strending physician and completely fi	be filed within 72 hours after death with the State Description and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 messen injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Rear)

WOV 2 9 1991

Julia Davidson-Randelle

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / [CEI			TEALTH AND DEATH	MENTA	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	J.		1	ANGLE	Y JR.	2. DATE	OF DEATH	YEA	3. TIME OF DEATH
	HENRY 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b				11	- 25	- 91	
	24-2-42-3261	1 M 2 D F	65	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 28-26	8. B	IRTHPLACE (State or Foreign Ountry) N.C.
OR	9a. FACILITY NAME (If not institution, give 1345 N. PATTERS)		Æ.	9b.		I MOR E	DEATH	9c	. COUNTY C	DF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CITY, TO		TION				10d. INSIDE CITY
	100. STREET AND NUMBER			BALTI		I. ZIP CODE		10	9. CITIZEN (1 YES 2 NO
FUNERAL	1345 N. PATTERSO	N PK. AV	E.	-		21213			U.	S.A.
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARME YES 2 X NO WAR OR DATES	ED	If yea, sp	ecity Cuban, Maxic	can, Puarto	N? (Specify Yee or N Rican, atc.)	E	RACE — American Indian, Black, Whita, etc.
E	15. DECEDENT'S EDU (Specify only highest grade		18a. DECE	DENT'S USUA kind of work di	L OCCUPATIO	ON set of working	168	. KIND OF BUSINES	SS/INDUSTR	BLACK
COMPLET	Elementery/Secondary (0-12) 2ND	College (1-4 or 5	life O	DISAB	ed.)	or or working				
BE CO	17. FATHER'S NAME (First, Middle, Last) HENRY J. LANGLEY					18. MOTHER'S N		Middle, Maiden Surne	eme)	
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDR	RESS (Street a	nd Number or Rura	l Route Num	ber, City or Town, Sta	nte, Zip Code)
-	ALICE GRAHAM						AVE	./BALTIM	ORE,	MD 21213
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE ANI	DOATE OF DIS	POSITION (NO METER'	me of	DAT		DOWNE	
	Devesa J.	Chapr	ren			MARCH F.		101 E. N	ORTH	AV ENUE
CERTIFICATION	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. Acut DUE TO DUE TO	se on each line.	CAROL ENCE OF: YY (C				of iou		Approximate interval Between Onset and Death
N: MEDICAL	PART ii. Other algnificant condition	a contributing to	death but not res	uiting in the	underlying) cause given in	Part i.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N	?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		071		ACE OF DEATH (C	heck only on	10)		
 >	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3		Nursing Hom	5 Reeldence	6 Othe	r (Specify)		
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		86. TIME OF INJURY		URY AT RK? 'ES 2 NO	26d. DES	CRIBE HOW INJUR	Y OCCURED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At home, etc. (Specify)	, farm, street,	fectory, office		28f. LOC.	ATION (Street and Ne or Town, State)	umber or Rur	al Route Number,
COMPLE			my knowledge, death							e(e) end menner as stated.
BE	250 SIGNATURE AND TITLE OF CHRISTER	VII)				29c LICENSE NU	MBER 2	8 234	DATE SIGN	19 27 91

20c. LOCATION — City or Town, State

BALTIMORE. MARYLAND

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

BALTIMORE, MARYLAND 21215-0020 Its after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. edical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	99. FACILITY NAME (If not institution, ghas per part of the part o
DIVISION OF VITAL RECORDS, P.O. BOX 68760, The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disease, on shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined. 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.

2

1 - STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH NOVEMBER 25, 1997 HELEN M. LANIEWSKI 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Bay, Year) 16 IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS t M XX F MARYLAND re street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ROAD APT 3 DUNDALK BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ALTIMORE DUNDALK 1 YES 2 XNO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ROAD APT 3 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify, Cupen, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES Specify: WHITE 18e. DECEDENT'S USUAL OCCUPATION DUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) N/A HOME MAKER HOME te. MOTHER'S NAME (First, Middle, Maiden Surname) SOPHIE SABOTOWICZ 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) WSKI. SR. 2023 BEAR RIDGE ROAD APT 3 BALTIMORE, MD 21222

> 22 DANEAND RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222 or complications that caused the death. Do not enter the mode of dying, auch se cardisc or respiratory arrest, e. List only one ceuee on each line. Interval Between Oneet and Death

DATE

Sepsis DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): Stage III sacral docu OUE TO (OR AS A CONSEQUENCE OF). much intent do.

20b. PLACE AND DATE OF DISPOSITION (Name of

STANISIAUS CEMETERY 11-27-91

moval from State

LICENSEE

d. Mon marca convention.	
licent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert I.	24a. WAS AN AUTOPSY PERFORMED?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 5 . Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 286. TIME OF INJURY 28c. INJURY AT WORK? м 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER						
	1 CERTIFYING PHYSICIAN	To the heat of my beauty to	A set seems			
(Check only	OEITH INTO FILIDICIAN	to the nest of my knowledge.	death occurred at the time	dete and place	and due to the coursels)	and mannes or state of
Torrook Orny				anto and prace,	and and to the canse(a)	BING ITHERWEL OF STREET.
one)	O THEOLOGIC CHANNES O					

NER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) and manner ee stated.

SIDMATURE AND TITLE OF CERDIFICE	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Money Make MD	152040	11/26/91

AND ADDRESS OF FEBRUAR WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kappen Mn

4940 Eastern 32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	res	- G	eal	50
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	TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPOBITANT: If item 28 is marked, or item 23 shows any injury, or other traumable event, the medical ex
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	2	2	96	X
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	FOR 1 . STATE	STATE OF MARY	LAND / DEPART	MENT OF	HEALTH AND	MENTAL	HYGIENE	326	16		
	1. DECEDENT'S NAME (First, Middle, Lest) Donald J		CERTIFI	CATE OI	DEATH	2. DATE O	REG. NO.	1941"	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-10-8848	5. SEX 6. AG	E (In yrs. last birthday) 88 YRS.	F UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		Cou	THPLACE (State or Foreign ntry)		
N.	9a. FACILITY NAME (If not institution, give THE UNION MEM	street and number)	PITAL	BALT I	MORE C			COUNTY OF			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT	TY	10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY		
	Maryland 100. STREET AND NUMBER				timore or. ZIP CODE		100.	CITIZEN OF	LIMITS? XX YES 2 NO WHAT COUNTRY?		
FUNERAL	2619 Kentucky A				2121			U.S.			
BY	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, s	ECENDENT OF HISPA Specify Cuban, Mexic S XIX NO Speci	an, Puarto Ric	(Specify Yea or No can, atc.)	Bla	CE — American Indian, lick, White, atc. White		
ETED	15. DECEDENT'S EDL (Specify only highest grade Elamentary/Secondary (0-12)	UCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during n	TION nost of working	18b. F	(IND OF BUSINESS	S/INDUSTRY			
COMPL	NA 17. FATHER'S NAME (First, Middle, Last)	NA NA	Pri	nter			News Ame				
BE CC	George H. Litz						(Not Kn				
10	199. INFORMANT'S NAME (Type/Print) Donald J. Litz Ji	r. (Son)			od Ave.,				206		
	20a. METHOD OF DISPOSITION 1. Burlai 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competery, grematory or other place) Gardens of Faith Cemetery Baltimore, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213										
	23. PABT. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) End Stage Congestive Heart Failure Send Stage Congestive Heart Failure Competition on the cause of t										
ERTIFICATION	Sequantially list conditiona, if erry, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
4: MEDICAL C	PART II. Other algnificant condition	ns contributing to death	but not resulting in	tha undariyir	ng causa given in		4a. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C)		Specific				
ВУ РН	27. MANYER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 ND		RIBE HOW INJURY	OCCURED			
ED	3 Sulcida 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI one) 2 MEDICAL EXAMINE	ICIAN: To the best of my kno	wiedga, daath occurred on and/or investigation,	at the time, dat	a and place, and due death occured at the	to the cause	(a) and manner as	atsted.	(a) and manner as stated		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER LEGEN C. WILL		, PGY 3		29c. LICENSE NUI				D (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WH	CKS III	EATH (ITEM 27) (Type, P	Meine)	orial t	lospit	al				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		1 -70(1							

32. REGISTRAR'S SIGNATURE
Julia Davidson-Plandalle

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH November 26,1991 Milton LAMBERT 9:52 A Thomas 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign 215-16-3060 70 1 M 2 F DAYS April3,1921 MAryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. BAltimore Middle River 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9776 Bird River Road 21220 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 45-48 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Merried BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify. 16a. DECEDENT'S USUAL OCCUPATION COMPLETED White 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sn (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) Eastern Stainless Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) George D. LAmbert Gladys E. Donnelly 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 MaryJane Lambert 9776 Bird River Road BAltimore MAryland 21220 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremellon 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State HollyHillCemetery 11/29/91 BAltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MAceAve. 21221 Onne 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Interval Retween IMMEDIATE CAUSE (Final Onaat and Death disease or condition Right Lower Lobe Pneumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Tuberculosis Empyema Right Lower Lobe CERTIFICATION Sequantially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) csuse, Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Malnutrition 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end manner se ateted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piecs, and due to the cause(s) and manner es stated. 296. MIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 0 26 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Sweeney MD 9000 21237

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Laridis, laul	130-24- 427	nsit permit. Pages 1, 2, 3 should	
		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIFI	CATE C	F DEATH		REG. NO).		
1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF				3. TIME OF DEATH
Paul	L			LANDI	S	Noven		27 1	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER 1 YEA				41,1	9 PIPTI	HPLACE (State or Foreign
220-24-8424	1 3 M 2 F	63		MONTHS DAY		7. DATE OF (Month, I	ay, Year)	1000	Counti	7()
9a. FACILITY NAME (If not institution,		- 05	7.1.0.				20,	1928		estVirginia
		**		9b. CITY, TOW	N OR LOCATION OF	DEATH			INTY OF D	
Franklin Squ		11			Rossvil	le		Ba	altir	no re
RESIDENCE OF DECEDEN										
			10c, CITY	, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Md.	BAltimor	e			Essex					1 YES 2 700
10e. STREET AND NUMBER					10f. ZIP CODE			10g, CIT	IZEN OF Y	WHAT COUNTRY?
1580 William	ns Ave.				27	221				
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN ILE AR	MED	40 1100						JSA
1 Never Married 2 Married	FORCES? 1	XYES 2 N	NO NO	13. WAS I	Specify Cubsn, Maxie	ANIC ORIGIN? (can, Puarto Rici	Specify Ya: nn. atc.)	s or No	14. RACE Black	E — Amarican Indian, k, Whita, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES		1 🗆 1	ES 2 NO Spec	olfy:	,		Speci	
45 850505077	1									White
15. DECEDENT'S (Specify only highest	grade completed)	18a. DE (G	CEDENT'S L	JSUAL OCCUPA	TION most of working	18b. KI	ND OF BU	SINESS/INI	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5 +)									
8th			Solut	tion Te	ender		Beth	n Ste	el	
17. FATHER'S NAME (First, Middle, Las	(1)				18. MOTHER'S N	AME (First, Mide	tie Maiden	Sumame)		
Lester Landi	.S					Grace				
19a. INFORMANT'S NAME (Type/Print)		-					-			
Virginia Lan		190			at and Number or Rura					
			1200	MITT	ams Ave.	BALtı	nore	Md.	2122	1
20a. METHOD OF DISPOSITION Surial 2 Cremation 3	Removal from State	20b. PLACE	ANDDATEO	FDISPOSITION	(Nama of	DATE	20c. LO	CATION -	City or To	wn, State
4 Donation 5 Dother (Specify)		North	Forki	lemoria	1Cemeter	v11/30	19Riv	zerto	n.We	stVirginia
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE				AND ADDRESS OF F					- CVII gIII II
1 1	- 1	11								
Conneller	uneral	Mon	1)	Conr	ellyFune.	ralHome	300)MAce	Ave.	21221
iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated systes	bDUE TO (6	DR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF	DUENCE OF)	:						Onset and Death Granthy
resulting in dseth) LAST	d									
PART II Other significant cond	litions contribution to	anth had and a								
PART II. Other significant cond	contributing to d	eath out not h	ssuiting in	ths underly	ing cause given in	Part i. 24	a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1	YES 2	-		CDMPLETION DF CAUSE OF DEATH?
										1 YES 22 NO
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1 YES 2- NO	1 Defipation 2 🗆	R/Outpatlant 3			ome 5 🗆 Rasidenca	6 Other (S)	pecify)			
27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIME INJU		NJURY AT YORK?	28d. DESCR	BE HOW II	NJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigat					YES 2 NO					
3 Suicida 6 Could not	28a, PLACE OF	INJURY — At hor	na, farm, atr	reat, factory, of	Nea	28f. LOCATIO	N /Street e	and Number	or Burni B	loute Number,
4 Homicide detarmine		c. (Specify)				City or To	own, State)	110 71011001	O Nurai N	outa Namber,
M. CERTIFIED										
(Check only	HYSICIAN: To the best of m	y knowledga, daa	th occurred	at the time, de	ta and place, and du	a to the cause(s	s) and men	ner as stat	ed.	
One) 2 MEDICAL EXA	MINER: On the basis of axa	mination and/or in	nvestigation,	in my opinion	death occured at the	e time, data and	placa, an	d dua to th	e cause(s)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERT										
()77	4 4				29c. LICENSE NU					(Month, Day, Year)
	we how				0391) (111	20/0	71
30. NAME AND ADDRESS OF PERSON										
Earl Hope	8 724 Silv	" Kenel	I Pr	fen	> Hall 1	410 21	128			
31. DATE FILED (MONTH, Day, 1987) 19										
MUY 20 19	91 32. HEGISTRAD	vidson-Ra	ndell							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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HE MOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OFTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH MONTH

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	TEGIOTIAN		OL	11111	ICAIL	- 01	DEAL	п	REG. NO			
		urren	Mor	-	So	4			2. DATE OF DEATH MONTH D	5	YEAR 91	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-32-1389	1 M 2 F	6. AGE (In yrs. lest	VRS.	MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	5	Country)	ACE (State or Foreign VOCK, NY
OR	9a. FACILITY NAME (It not institution, give s Union Meuro	prial H	ospital	2	- man	- 4	H W				TY OF DEA	vnere City
5	RESIDENCE OF DECEDENT											
DIRECTOR	MD Ba	Itimore	Call Car	10c. CIT	Y, TOWN O		TION					Dd. INSIDE CITY
FUNERAL	100. STREET AND NUMBER	in Hi	li Ci	- (10	1. ZIP CODE			t0g. CITIZ		AT COUNTRY?
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BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WA	XYES 2 NO	IED O	1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: Specify:					American Indian, White, etc.	
ED	15. DECEDENT'S EDU	CATION	16a DEC	EDENT'S	USUAL OC	CUDATU	011					4.0
E	(Specify only highest grade	completed)	(Giv	e kind of	work done o	during mo	ost of working	g	16b. KIND OF BU	SINESS/INDU	STRY	
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5+)			orne				Proper	rty M	ianag	jement
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First, Middle, Maiden	Surname)		
BE	Join J. Morr	ison					L	illi	an Neils	sen		
10	Lucia Morris	on	19b.	3 M	urra	(Street a	ind Number	C i Y	oute Number, City or Tow	n. Stere, Zip (Code)	id. 21212
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 Å Cremation 3 □ Remo	oval from State	20b. PLACE AN	atory or o	OF DISPOSI			2011		CATION — C		, stata
	21. SIGNATURE OF TOMERAL SERVICE LC	ENSEE	1 die	CIII			YD ADDRES			palli	шоге	, Mu.
	James F.	Burnsid	e, I	4	Mi	tci		Wie	edefeld i			
	23. PART I. Enter the diseases, pr	omplications that	caused the dee	th. Do r						ratory arre	st.	Approximate
	enock, or neert failure.	List Dnly one caue	e Dn each line.									intervai Between
	IMMEDIATE CAUSE (Fine) disease or condition	Bad	iopul	144	2100		. ^	- 0				Onaet and Death
	resulting In deeth)		OR AS A CONSEDU) /	1.14	5.21			
			ti c	_		-						0.0
O	Sequentially list conditions,		OR AS A CONSEDU									24
ATI	if any, leading to immediate ceuse. Enter UNDERLYING		2W ON		-):							41.
5	CAUSE (Disease or injury	PR	OR AS A CONSEQU	-								7 cays
Ē	thet initieted evente resulting in deeth) LAST				,	1.	. (1 - 1	,		r
CERTIFICATION		CNI	nowie	10	Juni	pri	ocit	10	heuke	mic	1	Syears
- 1	PART II. Other eignificant condition	s contributing to d	eeth but not res	suiting I	n the unc	derivino	cause of	ven in P	Part I. 24e. WAS AN	AUTOPSY	T 245 WI	ERE AUTOPSY FINDINGS
EDICAL	Diverti	culisti			iti.		3		PERFOR	MED?	AV	AILABLE PRIDE TO DMPLETION DF CAUSE
				-			1.0 -	70	1 YES 2	□ NO	DF	DEATH?
Σ			colou	- 6	es	Q.C	100	IN	_		1	YES 2 NO
AN												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)			
YSI	t YES 2 ND	t inpatient 2 🗆 I	ER/Outpatient 3	DOA			e 5 🗆 Res	Idence 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF IN (Month, Day,		26b. TIMI INJ			RK?		28d. DESCRIBE HOW II	JURY OCCU	IRED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e PLACE OF	INJURY — At home	a form a			rES 2		201 / 2017/201			
COMPLETED	4 Homicide determined	building, at	c. (Specify)	.,,	areet, recto	ry, orner			28f. LOCATION (Street a City or Town, State)	nd Number o	r Rural Rout	e Number,
2	290. CERTIFIER CCHOCK ONLY	DIAN: To the best of m	v knowledge, dest	h occurre	d at the tir	ne dete	and place	and due to	o the councie) and man			
N N	one) 2 MEDICAL EXAMINER											rd manner as eteted
	29b. SIGNATURE AND TITLE OF CERTIFIER					-						
H	Man Alan	-1 -	2 . 6	(.			29c, LICEN	ISE NUME	BER	29d. DATE	SIGNED (M	onth, Day, Year)
2	20 NAME AND ADDRESS OF THE CO	0145-1.	siche	11	MO					P 1	1 2	691
	30. NAME AND ADDRESS OF PERSON WHO KAR: Alpen		Bich	27) (Type,	Print)	0						
	31. DATE FILED (Month, Pey, Year)	32. REGISTRAN	S SIGNATURE	88_								
		U										

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OH Hard J. G - St. Longold . and

BALTIMORE, MARYLAND 21215-0020	WSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 1 -

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
Mari			McDowe						Nov.27, 199	Ĭ	YEAR	9:11PM
4. SOCIAL SECURITY NUM	BER	5. SEX		rs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
216-32-4098 9a. FACILITY NAME (If not II	stitution aim et		8	O YRS.	01.01					1910		Maryland
Good Samaritar	Hospita	al					MOYE		EATH	9c, COU	INTY OF D	EATH
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
Maryland				1			timo		ity			LIMITS?
		Vonuo				101	. ZIP COD		4.0			VHAT COUNTRY?
2909 Bay	onne A	12. WAS DECEDEN	T 51450 M. 44					212	• •			States
1 Naver Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	YES 2	Ø NO	'	1 yea, sp	ecify Cuba 2 NO	n, Maxica	NC ORIGIN? (Specify Yas n, Puarto Rican, etc.)	or No—	14. RACE Black Speci	- American Indian, c, White, atc. White
15. DEC	EDENT'S EDUC	ATION completed)	18:	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5 +)	(Give kind of vine. Do NOT us	se retired.)		St of Workin	ng				
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Maiden	Surname)		
Peter		Pul	krt					Bart	para	Not	t Kno	own
Joan A.		ra		196. MAILING 4 Blu					ngsville, 1			21087
20a. METHOD OF DISPOSIT 1 ↑ Burlal 2 □ Crematic 4 □ Donation 5 □ Other	n 3 🗆 Ramo	val from Stata	20b. PL/ cemeter	cremetory or of V Rede	OF DISPOS ther place)	ITION (Na	me of	40	DATE 20c. LO		City or To	
21. SIGNATURE OF FUNERA		NSEE MELL				CEITE	D ADDRES	SS OF FAC		altin		Maryland
· milto	n. k	might	n J kn	ight Jr.	•				Baltin K, Inc. 530			21214 dRd.
disease or condition resulting in death) Sequentially list condition if any, iseding to immecuse. Enter UNDERLYI CAUSE (Otsessa or inju	diate NG	DUE TO (NSEQUENCE OF		dia	L	117	Farchie	יות		
that initiated avents reaulting in death) LAS		DUE TO (OR AS A COM	SEQUENCE OF	7):							
PART ii. Othar algnifica	nt conditiona	contributing to o	death but n	Ot resulting in	n the un	derivino	cause o	Ivan in I	Part i. 24s. WAS AN	VERNITA	246	WERE AUTOPSY FINDINGS
									PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-												1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	ATH /Che	ck only one)			
1 YES 2 100		HOSPITAL:	ER/Outpation	t 3 🗆 DOA	OTHER	:			Other (Specify)			
4004	Pending	28a, DATE OF I (Month, Day	NJURY	28b. TIME	E OF	28c. INJU	JRY AT		28d. DESCRIBE HOW IN	JURY OCC	CURED	
3 Suicide 8	Could not be	28a. PLACE OF building, a	INJURY A	t home, ferm, et	treet, facto				281. LOCATION (Street a: City or Town, State)	nd Number	or Rural Ru	oute Number.
29a. CERTIFIER (Check only	FYING PHYSICI	AN: To the best of n	ny knowledge	, dasth occurre	d at the tir	ne, date	and place	and due t	to the cause(a) and man		ad.	
one) 2 MEDIO	CAL EXAMINER:	On the basis of exe	mination and	/or investigation	n, In my op	olnion, de	ath occur	d at the t	ime, data and place, and	dua to th	a cause(s)	and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	ABU	AND	Chulin	M.	D	29c. LICE	NSE NUM	949	29d. DATE	E SIGNED	(Month, Day, Year)
80. NAME AND ADDRESS OF	PERSON WHD	COMPLETED CAUSE	DF DEATH	ITEM 27) (Type,	Print)			, _ 0	1 / /	-//	6	1-11.
		altatzis	666	50 Bela	ir R	oad	Bal	timo	ore, Maryla	and		
31. DATE FILED (Month, Day;)	V 2 9	32. REGISTRAR	Lie Day	idson-R	notable.	3						

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1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	CATE C	F DEA	TH	MENTAL HYGIE REG. N			
Helen		MCI	HUGH				2. DATE OF DEATH MONTH NOVEMBE		991 3.	time of DEATH
4. SOCIAL SECURITY NUMBER 213-10-5310	1 □ M 2 💢 F	GE (In yrs. las 84				-	7. DATE OF BIRTH		A BIRTHPLA	ryland
Md.	Υ		10c. CITY			e				LIMITS?
311 Gusryan S	treet				10f. ZIP CO		224	10g. CITI	USA	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 XN		If yes,	specify Cut	oan, Maxica	en, Puerto Rican, atc.)	fes or No—	Specify:	American Indi- hita, atc.
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 6th	CATION completed) College (1-4 or 5+)	(Gi	ve kind of wo Do NOT use	ork done during retired.)	ATION most of work	king	16b. KIND OF B	USINESS/IND		111166
17. FATHER'S NAME (First, Middle, Lest) Chester Bale	cerowicz				18. MO					
19a. INFORMANT'S NAME (Type/Print) Helen Pulver		196	MAILING A	Steph	en Dr	er or Rural	Route Number, City or To BAltimore	own, State, Zip	Code) 21220	
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			ND DATE OF	DISPOSITION	(Name of		DATE 20c. L	OCATION C	City or Town.	State Md.
23. PART I. Entar the disease, prehock, or heart thure.	complications that cause on	sed the dec	eth. Do no	Con	nelly	Fune	ralHome 3			Approximinterval B
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	b. DUE TO (OR A:	S A CONSEO	UENCE OF)	dra	s fen ord	ne	llitas Brth	nti		
PART II. Other eignificent condition	e contributing to deeth	but not re	eulting In	the underly	Ing ceuse	given in	PERFO	PRMED?	CDA OF	RE AUTOPSY FIILABLE PRIOR OPLETION DF CODEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:						
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR	Y	28b. TIME	OF 28c.	NJURY AT WORK?			INJURY OCC	URED	
3 Suicide 6 Could not be datarmined	28a. PLACE OF INJU- building, atc. (S)	RY — At hom pecify)	ne, farm, str	eet, factory, of	fice		28f. LOCATION (Street City or Town, State	and Number (or Rural Route	Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno	owledge, des	th occurred	at the time, d	nts and place	e, and dua	to the cause(s) and mi	enner aa stste	d.	
one) 2 MEDICAL EXAMINE	K: Un the basis of axaminat	tion and/or in	veatigation,	In my opinion	, death occu	ired at the	time, data and place, a	end due to the	cause(s) and	menner as st
	213-10-5310 9a. FACILITY NAME (If not Institution, give: Franklin Squa: RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Md. 10c. STREET AND NUMBER 311 GUSTYAN S 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 6 th 17. FATHER'S NAME (First, Middle, Last) Chester Bald 19a. INFORMANT'S NAME (Type/Print) Helen Pulver 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT 23. PART I. Entar the disease, Dr. ehock, or heart future. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could mote be datarmined	213-10-5310 1	213-10-5310 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital FIGURE OF DECEDENT 10a. STATE 10b. COUNTY Md. 10c. STREET AND NUMBER 311 GUSTYAN STREET 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Chester Balcerowicz 19a. INFORMANT'S NAME (First, Middle, Last) Chester Balcerowicz 19a. INFORMANT'S NAME (First, Middle, Last) Helen Pulver 20a. METHOD OF DISPOSITION 1 Woursel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Entar the disease, Dr complications that caused the decense. Entar UNDERLYING CAUSE (Disease or Injury that Initiated evants resulting in deeth) Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated evants resulting in deeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 26a. PLACE OF INJURY (Mortin, Day, Wer) 26a. PLACE OF INJURY — At horn building, atc. (Specify)	213-10-5310 1 M 2 X F 84 VRS. 9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital FESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY. Md. 10c. STATE 10b. COUNTY 10c. CITY. Md. 11c. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 15 YES, GIVE WAR OR DATES 15 DECEDENT'S EDUCATION (Specify only highest grade completed) 15 DECEDENT'S EDUCATION (Specify only highest grade completed) 16 DECEDENT'S EDUCATION (Specify) 16 DECEDENT'S	213-10-5310 1	213-10-5310 1 M 2 X F 84 YRS. 213-10-5310 1 M 2 X F 84 YRS. 223-FACILITY NAME (if not institution, give street and numbor) PERINDENCE OF DECEDENTY 100. STATE 100. COUNTY 101. STATUS 1 MARITAL STATUS 1 Never Married 2 Married 19. 2 WAS DECEDENT EVER IN U.S. ARMED FORCES? 11 WES 2 XNO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 19. Specify out of Yes, Give War OR DATES 1 Never Married 2 Married 19. Specify out of Yes, Give War OR DATES 1 Never Married 2 Married 19. Specify out of Yes, Give War OR DATES 1 Never Married 2 Married 19. Specify County Married 1	213-10-5310 1 M 2 NF 84 YRS. 213-10-5310 1 M 2 NF 84 YRS. 214 YRS. 225 NAME (if not institution, give street and number) PERMICHITY NAME (if not institution, give street and number) PERMICHITY NAME (if not institution, give street and number) PERMICHITY NAME (if not institution, give street and number) PERMICHITY NAME (if not institution, give street and number) PERMICHITY NAME (if not institution, give street and number) PERMICHITY NAME (if not institution) 10s. STATE Sex Sex	2.13—10—5310 1	*** SOCIAL SECURITY MANURER** \$ ORC Park last binnings 21.0—6.5310 1 m x 2 k	

32 HEGISTRADIS SIGNATURE
JUNIA DAVIDSON-RANDASA

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s that the death cerundate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa Ith and Mental Hygiene prior to burial, cremation, or removal.	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN: The law

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IMPORTANT: It

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FUNERAL DIRECTOR: within 72 hours after (

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR MCGINNIS , JR. WILLIAM HILL 24 11 4:10 91 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 XM 2 | F 219-03-6544 1-3-18 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? GLEN SOUARE 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify, Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married BY 3 Widowed 4 Divorced Specify. W.W. II WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 NO STILLMAN II CRUDE OIL STILL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM H. MCGINNIS, SR. BE TABITHA TUCKER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DORIS NEALL P.O. BOX 66, DAVIDSONVILLE, MD 21035 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE METRO CREMATORY 11-25 CATONSVILLE, MD 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the diseees, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart feilure. List only the cause on each line intervel Between IMMEDIATE CAUSE (Finel Oneet end Death disease or condition nuston resulting in deeth) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF). reculting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceues given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE DF DEATH? perten scon 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 HO OTHER:
4 □ Nursing Home 5 □ Rasidenca 6 □ Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY --- At home, farm, atraat, factory, office 3 Suicide 26f, LOCATION (Street and Number or Rural Route Number, Cify or Town, State) ETED. 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as etated. 29b. SIGNATURE PUP TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER Attendens Doctor while My 121684 11.25.91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)		CERTI	TOAT		DEATH		REG. NO.			
	ROBERT		м 1	LLE	D		MON		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last birtnda)	_	R 1 YEAR	IF UNDER 24 HRS	Z. DAT	E OF BIRTH	1991	7:26 at	
	280-18-5108	1 M 2 F	71-7-70 YRS.	MONTHS	DAYS	HOURS MIN	(Moi	nth, Day, Year) /22/20	Year) Country)		
œ	9a. FACILITY NAME (If not institution, give str					OR LOCATION OF			9c. COUNTY OF I	DEATH	
FUNERAL DIRECTOR	1636 NORTH CA	LVERT		В	ALTI	MORE			N	A	
REC	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN	OR LOCA	TION				10d. INSIDE CITY	
٦	Maryland	na		E	Balti	more				LIMITS?	
RA	100. STREET AND NUMBER 1636 North Co	alvert S	troot		101	2 1202			10g. CITIZEN OF	WHAT COUNTRY?	
N N		12. WAS DECEDENT		t3.	WAS DEC		PANIC ORIG	IN? (Specify Yee o	. No. LA DAC	E — American Indien,	
BY F	t Never Married 2 Merried 3 Wildowed 4 Divorced		KYES 2 NO		If yes, sp	ecity Cuban, Mex	icen, Puerto	Rican, atc.)	Blac Spec	k, Whita, etc.	
	15. DECEDENT'S EDUCA									" White	
ETE	(Specify only highest grade c	completed)	(Give kind o	work done	during mo	ON ast of working	t-6	b. KIND OF BUSIN	ESS/INDUSTRY		
COMPLETED	12	College (1-4 or 5+)	Retire	ed mi	lita	ry					
S	17. FATHER'S NAME (First, Middle, Last)					te. MOTHER'S	NAME (First,	Middle, Melden Su	rname)		
BE	George Mille	er						ardgrave			
2	190. INFORMANT'S NAME (Type/Print) OCITE Mary I. Mill	lor wife						nber, City or Town,			
	20a, METHOD OF PISPOSITION				-			Burnie,			
	t Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	vet from State	cemetery, crematory or	other place!					TION — City or To		
	21. BIGNATURE OF PRICE AL SERVED LICE	Aconal	Metro Cr d Wade, D		01 0 0 0FF 0 0	ID ADDRESS OF					
	Junior Dill	D / -	11-25-1991		Ray 426	mond C. Crain	Fink	STATE way, S.W	ANATOMY	BOARD	
	23/ PART I. Enter the diseases, or co	implications that c	eused the death. DD	not enter	(- C	n Rurni	O M	7 77061		Approximete	
	ehock, or heart fellure. LI IMMEDIATE CAUSE (Finel	let only one cause	on eech line.			2 31 -			iory arroot,	interval Between	
	disease or condition regulting in death)	Tatte	Liver							Criset and Deeth	
		DUE TO (OI	A CONSEQUENCE	OF):							
O	Sequentielly list conditions, b.	DUE TO (OI	AS A CONSEQUENCE	ME).					-		
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Ē	CAUSE (Diseese or injury that initieted events	DUE TO (OF	AS A CONSEQUENCE	OF):							
HH	resulting in death) LAST										
	PART II. Other eignificant conditions	contributing to da	ath but not resulting	in the ur	derlying	cause given	n Part I.	24a, WAS AN AU	TOPSY 24h	WERE AUTOPSY FINDINGS	
-	Chrone Alac	1 1000						PERFORME	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
SICA	Serve Disa	order						Tres 2	NO	OF DEATH?	
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ICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (Check only o	ne)			
TSICIAN: MEDICA	EXAMINER?		NOutpatient 3 DOA		R: sing Home	5 X Residence	6 Oth	er (Specily)			
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B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF IN. (Month, Day. 28a. PLACE OF IP. building, etc.	iury /ear) 28b. Til IN IJURY — At home, tarm, (Specify)	4 Nur ME OF JURY M	R: sing Home 28c. INJI WO 1 Y	5 X Residence JRY AT RK? (ES 2 NO	28d. DE	er (Specify) SCRIBE HOW INJU SCRIBE HOW INJU SCRIBE HOW INJU CATION (Street and or Town, State)	Number or Rural F	łoułe Number,	
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only 2 MEDICAL EXAMINER:	28a. DATE OF IN. (Month, Day. 28a. PLACE OF IP. building, etc AN: To the best of my On the besis of axam	URY (Fear) 28b. Til IN IJURY — At home, tarm, (Specify) knowledga, death occur ination and/or investigati	4 Nur ME OF JURY M street, fact	R: sing Home 28c. INJI WO 1 Y Tory, office	s 5 X Residence PRY AT RK? PS 2 NO and place, and diesth occured at the	28d. DE 28d. DE 28f. LOC City	er (Specify) SCRIBE HOW INJU CATION (Street and or Town, State) use(a) and manner a and place, and d	Number or Rural F r es stated, lus to the cause(s) and manner ee stated.	
E COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only 2 MEDICAL EXAMINER:	28a. DATE OF IN. (Month, Day. 28a. PLACE OF IP. building, etc AN: To the best of my On the besis of axam	URY rear) 28b. Til IN IJURY — At home, tarm, (Specify) knowledge, death occur ination and/or investigati	4 Nur ME OF JURY M street, fact	R: sing Home 28c. INJI WOI 1 Viory, office	PY AT RRY AT REPORT AT RRY AT RRY AT RRY AT R	281, LOCAL DE 281, LOCAL DE 181, LOCAL DE 18	er (Specify) SCRIBE HOW INJU CATION (Street and or Town, State) use(a) and manne a and place, and d	Number or Rural F r ea steted. lus to the ceuse(s 9d, DATE SIGNED 1 1 / 1) and manner ee stated.	

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BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	
BALTIMORE,	irs after death. Page 6 may be	- F 4F - 4
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RECORDS, P	w requires that the death	hone ofthe the short
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law	DIDECTION After this conditions has been alread by the attending the state and completely tiled in the state of
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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

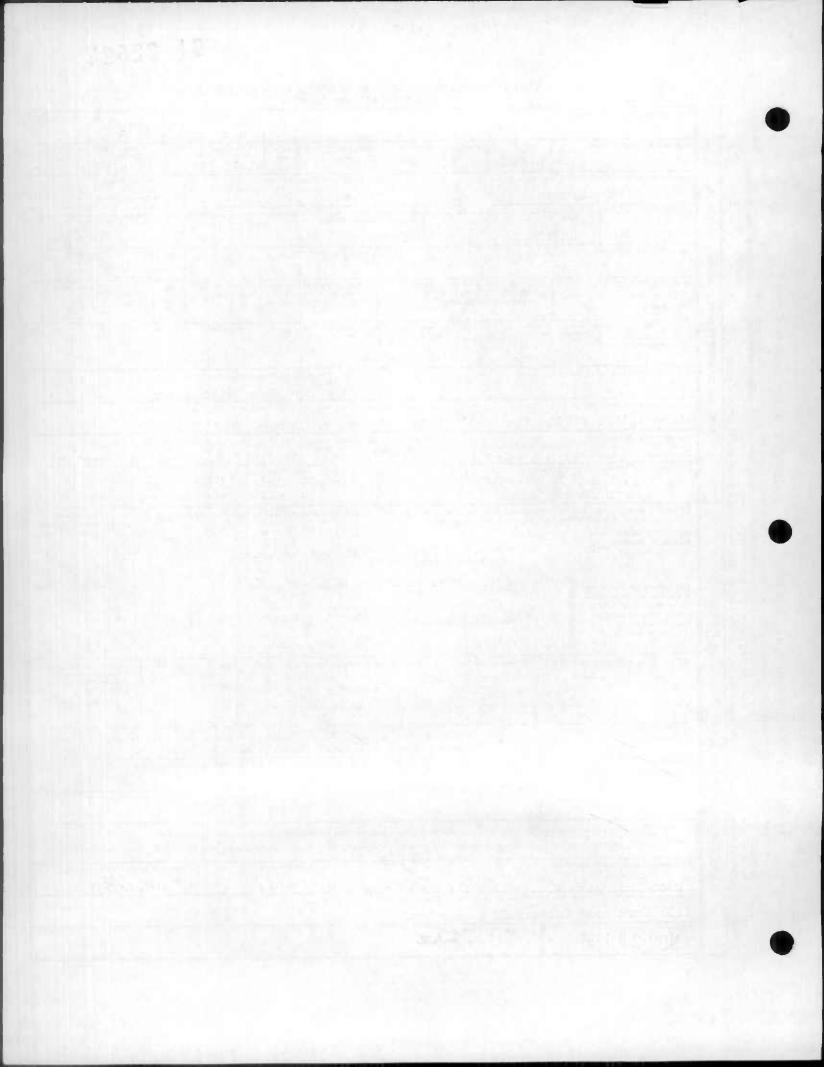
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Bruce Rosenberg

NOV 29 1991

1. DECEDENT'S	NAME (First, Middle, La:	st)		ERTIF	IOAI		DEA	-	REG. NO).		3. TIME OF DEATH
	TREVA ELEA	NOR NEWLI	N						November	2.5	YEAR 1 Q Q 1	
4. SOCIAL SEC		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UND	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	2.0 9	6. BIRTH	PLACE (State or Foreign
218-34-	-0403	1 M 2 X F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 01-12-190	8	Country	iana
	ME (If not institution, giv				9b. CIT	Y, TOWN O	R LOCATI	ON OF DI			UNTY OF D	
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Manor (RESIDENCE 10a. STATE Marylar	OF DECEDENT			10c CIT	Y TOWN	OR LOCAT	ION					
Mary1ar	id Ba	ltimore			wsor		,,,,					10d. INSIDE CITY LIMITS?
				1 10	WSOI		. ZIP CODI	E		100. CI	TIZEN OF W	t YES 2 ND
100. STREET AN 805 Fa	irway Dri	ve				2	1204					
11. MARITAL STA		12. WAS DECEDER	IT EVER IN U.S. A	RMED	13	WAS DECI	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Ye		J.S.A	- American Indian, , White, atc.
1 Never Marr 3 Widowed	led 2 Married		YES 2 X	NO		If yes, spe	clfy Cuba	n, Mexica	n, Puarlo Rican, atc.)		Black	
	15. DECEDENT'S E	NICATION	1.0									white
Elementary/C	(Specify only highest grandery (0-12)	ide completed)		Give kind of v	vork done	during mos	on st of workin	g	16b. KIND OF BU	ISINESS/IN	DUSTRY	
Clarifieritary/S	econdary (0-12)	College (1-4 or 5	,	Homema	aker				0	II		
Elementary/S	ME (First, Middle, Last)				arcel		18. MOTH	ER'S NA	ME (First, Middle, Maiden	Home		
John	Sims								ms Crister		.77	
	'S NAME (Type/Print)		t	9b. MAILING	ADORES	S (Street ar	nd Number	or Rural I	Route Number, City or Tox	vn, State, Zi	(p Code)	
		lin (husba	and) 8	305 Fa	airw	ay D	r. To	owso	n, MD 2120)4		
20a METHOD OF	Cremetion 3 R	moval from State	20h PLACE	ANDDATE	E DIEBO	CITION (No.	ma of		00.10	0474044	City or Tov	vn, Stata
4 Donation	5 Other (Specify)		Dular	ney Va	ille	y Mer	n. Go	dns.	11/29Luth	nervi	11e,	Maryland
	diame.	wall Do	not		22.	. NAME AN	U ADDRES	SS OF FAI	defeld Hon			
Th	omas José	ph Bozek	0			6500	York	c Ro	ad Baltimo	re.	MD 21	212
23. PART I. Er	iter the diseases, o	r complications that. List only one cau	t caused the d	eeth. Do n	ot ente	r the mod	de of dyl	ng, aucl	es cerdiec or reep	Iratory er	reat,	Approximete
IMMEDIATE C	AUSE (Finei		-			1						Onset and Deeti
resulting in de		a. as	peral	En	1	pru	Clother	2011	led			deux
		DUE TO	puat OR AS A CONSE	DUENCE OF	7: 0		•		1_			month
Sequentielly I		b. CLA	(OR AS A CONSE	OUENCE OF	21	a	cce	Len	t			morth
cause. Enter t	INDERLYING											
thet initiated	vente	DUE TO	(OR AS A CONSE	OUENCE OF	7):							-
resulting in de	eath) LAST	d										
PART II. Other	algnificant condition	ons contributing to	death but not	resulting is	n the u	nderlylna	Cause O	Iven In I	Pert I. 24a, WAS AN	AUTORCY	245	WEST AUTOSOV FINANCIS
						,,			PERFOR	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 🗆 YES 2	110		OF DEATH?
												1 TYES 2 THO
25. WAS CASE RE	FERRED TO MEDICAL					26. PL/	ACE OF DE	ATH (Che	ck only one)			
1 YES 2	@ NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	A:			6 Other (Specify)			
27. MANNER OF		26a. DATE OF (Month, D.		26b. TIME	OF	28c. INJU WDR	RY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
1 Natural 2 Accident	5 Pending Investigation				M	t 🗌 YI	ES 2	NO				
3 Sulcide 4 Homicide	6 Could not be	28a. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, at	treet, fac	tory, offica			281. LOCATION (Street a City or Town, State)	and Number	or Rural Ro	ute Number,
	- Columnia d											
29a. CERTIFIER	CERTIFYING PHY	SICIAN: To the best of	my knowledga, de	eath occurre	d at the t	ilme, data a	and place,	and dua	to the cause(a) and man	ner as ata	ted.	
(Check only one)	ARRESTO											
one)	MEDICAL EXAMIN		amination and/or	Investigation	n, In my o	opinion, de	ath occure	d at the t	time, data and place, an	d due to th	na cause(s)	and manner as stated.
one)	MEDICAL EXAMINATION OF CERTIFI		tamination and/or	Investigation	n, In my o	-	ath occure					and mannar as stated. Month, Day, Year)

1134 York Road Lutherville, Maryland
31. DATE FILED (MORITY DAY, YOR)
NOV 29 1991 DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be fled within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	P	5 5	AN
	T.	U TO	F
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Carla S.

31. DATE FILED (Month, Day, Year)

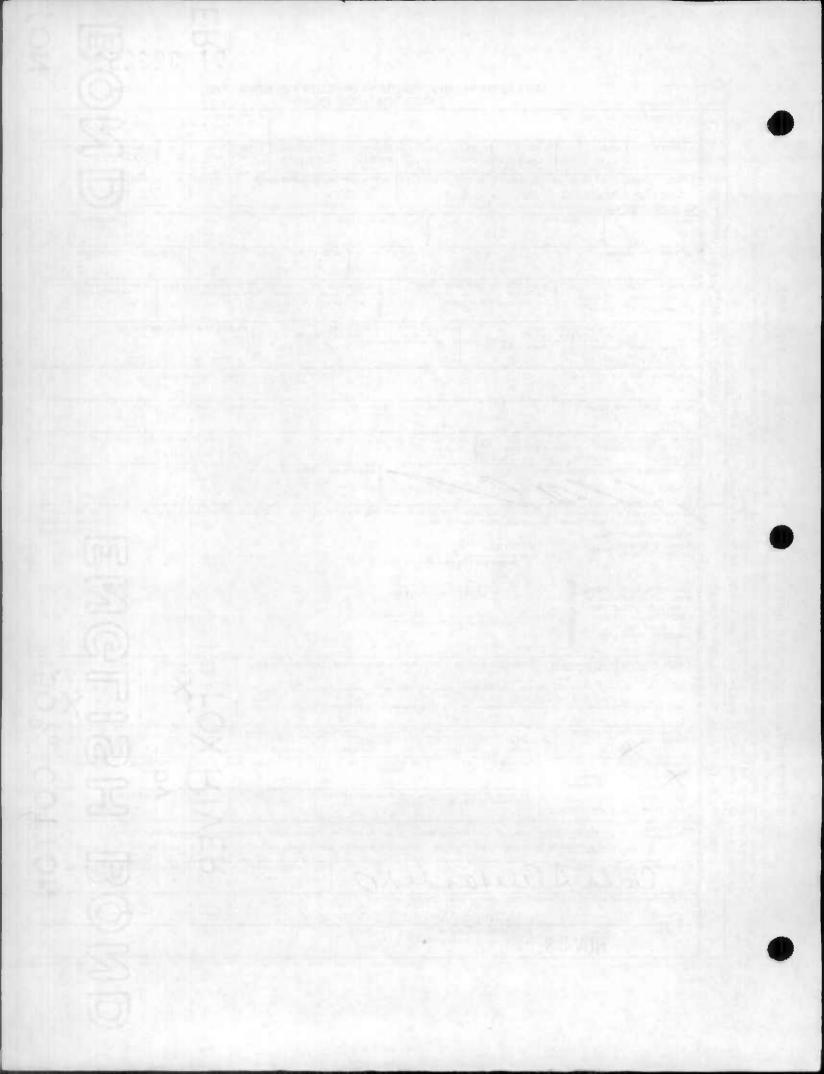
Alexander,

29

32. REGISTRAR'S SIGNATURE

FOR	STATE OF M	IARVI ANI	n / NEDAG	TMENT OF	F HEALTH AND	MENTAL HYCLE		202	U
- STATE REGISTRAR	SIMIL UF II				F DEATH	REG. N			
I. DECEDENT'S NAME (First, Middle, Las	st)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Peter Okas						MONTH / 28/9	T	TEAN	0115
354-26-2953	5. SEX 1 X M 2 F	6. AGE (In yrs	s. lest birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 5/11/32		Coun	HPLACE (State or Foreign try) Lhuania
o. FACILITY NAME (If not Institution, given Stella Maris Ho					VN OR LOCATION OF D	EATH		UNTY OF	
BLEILA MALIS TO	DSPICE			Tows	SOII		Bd	ltim	ore
0e. STATE 10b. COU			10c. CIT	Y, TOWN OR LO	OCATION		-		10d. INSIDE CITY LIMITS?
MARYLAND E	BALTIMORE			BALTIM					1 YES 2 NO
1250 ELM ROAI)				21227		10g. CI	TIZEN OF	U.S.A.
11. MARITAL STATUS Never Married 2 Married Married Divorced Divorc	12. WAS DECEDEN FORCES? 1- IF YES, GIVE W			If yes	DECENDENT OF HISPA i, specify Cuban, Maxic YES 2 X NO Specif	nn, Puerto Rican, etc.)	Yae or No-	Blac	CE — American Indian, ck, White, etc.
15. DECEDENT'S E	DISCUSION	40.	2505251710	USUAL OCCUP	17:01	16b, KIND OF I			WHITE
(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5 d			work done during	g most of working	166. KIND OF I	BUSINESS/II	VDUSTRY	
12TH GRADE			SALESM	IAN		FOOD I			OR
17. FATHER'S NAME (First, Middle, Last) JURGIS OKAS					JUZE 1	AME (First, Middle, Maid LUDONIS	len Sumame)		
BA. INFORMANT'S NAME (Type/Print) ELENA OKAS					eet and Number or Rural ROAD, BAL				
0a. METHOD OF DISPOSITION		20b. PL	ACE AND DAT	E OF DISPOSIT	ION (Name	DATE 20c.	LOCATION -	- City or 1	Town. State
Burial 2 Cremation 3 R	emoval from Stata	ol ceme	etary, crematory	RK CEM			BALTI		
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	LUU	DON IS		E AND ADDRESS OF FA	I also first first 1	DALLI	MORE	
. 11	11/1			HUB	BARD FUNE	RAL HOME	INC.		
July 9	1. 9	_/							MD, 21229
23. PART i. Enter the diseases, shock, or heert fellu	or complications the re. List only one cau	t coused the ise on each	e death. Do	not enter the	mode of dying, suc	ch ee cerdiac or re	epiratory e	erreet,	Approximete interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Metas	tatic	Rectal	Cance	er				Onset and Dee
resulting in destrip	DUE TO	(OR AS A COI	NSEOUENCE C	OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A COI	NSEQUENCE O	OF):					
CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	C. DUE TO	(OR AS A COI	NSEQUENCE C	0 F):					
PART II. Other significent condit	tiona contributing to	deeth but n	not resulting	in the under	tving ceuse given in	Part I. 24a. WAS	AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDING
Squamous_Ce							FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
									1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	1 🗆 Inpatient 2		-	4 🗆 Nursing	Home 5 Rauldenca			pice	
17. MANNER OF DEATH Netural 5 Pending Accident Investigation	28a. DATE OF (Month, E		28b. TII	JURY	NJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY C	CCURED	
3 Suicida 8 Could not 4 Homicide detarmine	be building.	of INJURY — / etc. (Specify)	At home, farm,	street, factory.	offica	281. LOCATION (Str. City or Town, St		ber or Rura	l Route Number,
9e. CERTIFIER	TYSICIAN: To the best of	my knowledge	ia. death occur	and at the time	data and place, and die	e to the cause(a) and	manner ec d	teted	
anal anal									e(e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERT		S-10-1							Company of the control of
Caila)	I. ale	4aa	de	NO	D 2708			11/2	ED (Month, Day, Year) 8/91
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ	e, Print)					

M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204



DIVISION OF VITAL RECORDS P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Las WILBUR E.	PHILL	IPS						2. DATE OF DEATH MONTH.	DAY 22	9/	745A
	4. SOCIAL SECURITY NUMBER 14618 6862	5. SEX	6. AGE (In yrs	s. lest birthday) YRS.	MONTHS D	EAR AYS	HOURS	MIN.	Month, Day, Year)		8. BtRTHP Country)	Md.
LOR	90. FACILITY NAME (If not institution, give Sing Hospit						N OR LOCATION OF DEATH 9c. COU				UNITY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUI	NTY			T T MODE		ON					od. INSIDE CITY LIMITS?
	MD 100. STREET AND NUMBER			BAL	TIMORE	7	ZIP CODI	F		too CITI		YES 2 NO
FUNERAL	8210 OLD HARFOR	D ROAD				237	2123				I.S.A.	
ВУ	1t. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yo	s, spe	city Cubs	of HISPANIC n, Mexicen, Specify:	ORIGIN? (Specify Puerto Rican, etc.)	res or No	Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12TH		-	DECEDENT'S (Give kind of life. Do NOT u.	USUAL OCCU work done durit se retired.)	IPATION mos	N t of workin	ng .	U.S. GO		DUSTRY	DEMOR
BE CO	17. FATHER'S NAME (First, Middle, Last) JOSEPH PHILLIPS						SUD	IE	(First, Middle, Maid	en Surname)		
0	BARBARA J. PHILL	IPS		8210	OLD HA	RF(OR D	or Aural Aou ROAD/	BALTIMOF	OWN, State, Zip	2123	4
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)				OF DISPOSITION		ne of			OCATION —		RYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	14.00					SS OF FACIL				
	23. PART t. Enter the diseases, o ehock, or heart fellure immEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Resp	coused the	foilme	not enter the	mod	le of dyi	ng, auch e	e cerdiec or rea	piratory arr	eet,	Approximate intervel Between Oneet end De
TION	Sequentially list conditions, if any, leading to immediate	a pul	OR AS A CON	y embal								4 weeks
ERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events regulting in death) LAST	DUE TO	OR AS A CON	SEQUENCE O	F):							4 weeks
CER			nonof		-							62018s
V: MEDICAL	PART II. Other significent condition	61 Sled	desth but no	ot regulting	in the under	lylng	ceuse g	lven in Pa	PERF	N AUTOPSY DRMED?	A C	ERE AUTOPSY FINDING AMILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 ND
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpatient	3 🗆 004	OTHER:			EATH (Check				
ву РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da	INJURY	28b. TIM	E OF 280	. INJUI	RY AT	26	Other (Specify) od. DESCRIBE HOW	INJURY OCC	URED	
ETED B	3 Suicide 6 Could not b	26e. PLACE OF	FINJURY — At etc. (Specify)	home, farm, a	street, fectory,	office		26	Sf. LOCATION (Street City or Town, State	t and Number e)	or Rural Rou	te Number,
	29e. CERTIFIER (Check only one)	SICIAN: To the best of a	my knowledge,	death occurre	ed at the time,	date e	nd plece,	end due to	the ceuse(e) end m	enner ee state	ed.	nd manner as stated
OMPLE	#EDICAL EXAMI											
TO BE COMPLE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON W	Ziched C&h					29c. UCE	NSE NUMBE	R	29d. DATE	SIGNED (M	onth, Day, Year)

1877 19 22 11 79891		Brighton Products			
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	1 - STATE REGISTRAR	STATE OF N			TMENT				MENTAL HYGIEN			12021
	1. DECEDENT'S NAME (First, Middle, Last)	LLIKY	JERM IA		PULV	LR	III		2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	HENRY PULVER								NOV 26		91	800 P M
	4. SOCIAL SECURITY NUMBER 182 20 - 0311	5. SEX	6. AGE (In yrs. last bin	- 11	IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Counti	IPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s		05	YRS.						926	_	shington L
H							R LOCATI	ON OF DE	EATH		TY OF D	
CT	THE JOHNS HOPKI		TAL		BA	LTIN	IORF			BALT	'IMOI	RE CITY
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN O							10d. tNSIDE CITY LIMITS?
	maryland Howa	ard Cour	lty	出上	lico			2				1 YES ZENO
101.219 CG							042				WHAT COUNTRY?	
ON	11. MARITAL STATUS		T EVER IN U.S. ARMED		13. V	MAS DECE		0 1 10	NC ORIGIN? (Specify Yes	USA		Amaria a tarti
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO		11	yes, spe	cify Cuba 2 (NO	n, Maxica	n, Puarlo Rican, atc.)	or NO-	Blaci Speci	Amarican Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECED	ENT'S	USUAL OC	CUPATIO	N t of workin	107	16b. KIND OF BU	SINESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 +	,		work done d se retired.)			9				
ME	17. FATHER'S NAME (First, Middle, Last)	4=	Car	ee:	r Mi	lit			US Ar			
ECC	Henry Jeremia	h Pulve	r TT					ier's na lie	ME (First, Middle, Malden		17:	
0	19a. INFORMANT'S NAME (Type/Print)	A LOLLYC		AlLING	ADDRESS	(Street an			Route Number, City or Tow		Llir	1S
2	Stephen Pulver		46	33	Smo	key	wr	eath	n vay, Ll]	Licot	tt (ity. ND.
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remo	oval trom State	20b. PLACE AND	DATE	OF DISPOSI	TION (Nan	ne of			CATION — (
	4 Donation 5 Other (Specify)		cometery cremeto	TOI					12-3-91Ar	rling	gtor	ı, VA
	21. SIGNATURE OF FUNERAL SERVICE LIC	Menh	1100	53			ADDRES		Slack t City, F			
	23. PART I. Enter the diseases, or c	omplications that	caused the death	Dec. 100 .		the mod	le of dyl	ng, suci	as cerdiac or respi	ratory erre	est.	Approximate
	IMMEDIATE CAUSE (Final	List Dnly Dne cau	se Dn each line.								.,	intarval Batwean Onsat and Death
	disease or condition resulting in death)	itypole										24 hour
	DUE TO (OR AS A CONSEQUENCE OF):										7 /	
ON	Sequentially list conditions, Due to (or as a conscouence of):										Lucetes	
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	Son	3									12 weeks
E	thet initiated avants	DUE TO	OR AS A CONSEQUEN	VCE OF):							1
H	resulting in death) LAST	l										
	PART il. Other algnificant condition	contributing to	daath but not rasul	iting /	n tha unc	derlying	causa g	ivan in			24b.	WERE AUTOPSY FINDINGS
MEDICAL	Correy Artery	Lisense	> 3/2000	fo,	19100)	Dia	ale.	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	moliting Ch	rone R	end Re	nel	2	Per	· fe	rul		0		OF DEATH?
Z.	Voscola L	38451				- /						
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	EATH (Che	ick only one)			
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	28a. DATE OF	ER/Outpetlant 3 D		4 - Nursi	ing Home		sidenca	6 Other (Specify)			
ВУ РІ	1 Natural 5 Pending 2 Accident tovestigation	(Month, Da	y, Year)	b. TIMI	M M	28c. INJU WOR t YE	K?	NO	28d. DESCRIBE HOW II	NJURY OCC	URED	
ETED	3 Suicide 8 Could not be datarmined	28a. PLACE OF building, a	INJURY — At home, tet. (Specify)	term, a	treet, tecto	ry, offica			28t. LOCATION (Street a City or Town, State)	and Number o	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	CIAN: To the best of ax	ny knowledge, daath o amination and/or invea	occurre	d at the tin	ne, data a	nd placa, ath occur	and dua	to the cause(a) and man	ner as state d due to the	d. cause(a)	and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1111	Dath.	90-0	Pa	1	29c. LICE	NSE NUM	BER	29d. DATE	SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM 27)	(Туре,	Print)	T-V	220	1	1		/	///
-	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S SIGNATURE	14	- //	30		75	uevill 1		5	1208
) onen	NOV 2	9 1991	gu	lie De	ridour	- Mark	LIL				
			and the	Sec. Sec.					1-0			DHMH 18 Rev 1/80

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Pages 1, 2, 3 should

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MEDICAL CERTIFICATION

PHYSICIAN:

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funezal director, usee 5 should be detached in	be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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91 32628 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 300A POOLE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 215-05-9115 DAYS 1 M 2 XF April 3, 1919 Maryland 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL -N/A---BALTIMORE, CITY 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore Towson 1 YES 2 NO 10e. STREET AND NUMBER **FUNERAL** 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8440 Pleasant Plains Road 21204 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, Whits, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Msrried 3 Wildowed 4 Divorced Specify: White 15. DECEDENT'S EDUCATION pecify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) (So 16b. KIND OF BUSINESS/INDUSTRY t of working Elementary/Secondary (0-12) College (1-4 or 5+) 7 years Glenn L. Martin Inspector 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick Schane Anna M. Shipley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy Shah 8440 Pleasant Plains Road Towson, MD 21204 20s. METHOD OF DISPOSITION

1 Burlst 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Donstlan 5 - Other (Specify) Carrison Forest V. A. Cemetery 11/25 Owings Mills, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Balto., MD Davy 8521 Loch Raven Blvd. 21204 Approximata 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart fallura. List only one cause on each line. intarval Betwaen **IMMEDIATE CAUSE (Final** Onset and Death disease or condition RESPIRATORY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING OBSTRUCTIVE RESPIRATORY DISEASE HRONIC CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE URINARY TRACT INFECTION 1 YES 2 NO OF DEATH?

1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

5 Pending Investigation

6 Could not be

detarmined

27. MANNER OF DEATH

1 Naturel

2 Accident

3 Suicide

4 Homicide

HOSPITAL:
12 Inpatiant 2 | ER/Outpatiant 3 | DOA 28a. DATE OF INJURY

26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

28b. TIME OF INJURY 0 M 28e. PLACE OF INJURY - At home, farm, street, factory, office

N

28c. INJURY AT WORK? 1 YES 2 NO

281. LOCATION (Street and Number or Rurel Route Number. City or Tophn, State) City or Town

BALT

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atsted

ling, atc. (Specify)

2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(s) and manner as stated.

PKWAY

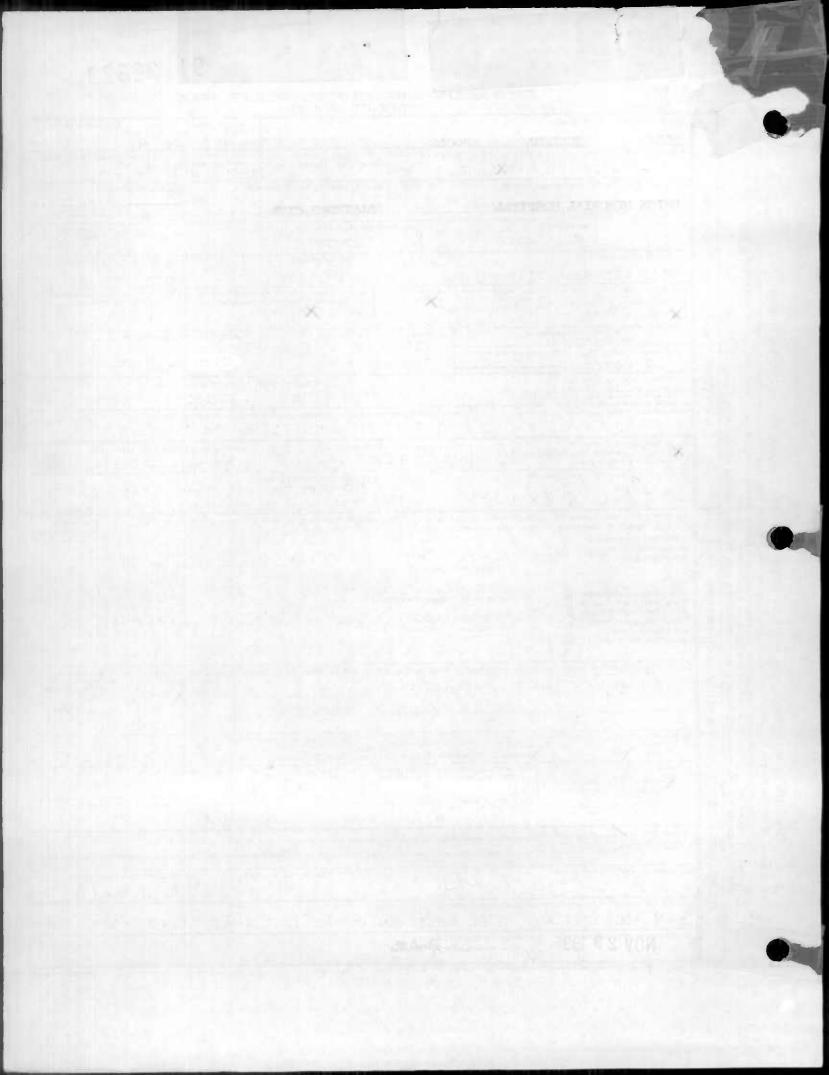
296. SIGNATURE AND TIT	LE OF CERTIFIER	
1	March	MX
-/-	/_/_/	
30. NAME AND ADDRESS	OF PERSON WHO COMPLETED CAU	JSE OF DEATH (ITEM 27) (Type Print)

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 91

EDN	MENAJOYSKY	201	EAST	UNIVERSI	(

32. REGISTRAR'S SIGNATURE

MD 21218



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cemarion, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	rank Rosebo				2. DATE OF DEATH MONTH DA	AV YEAR 1991	3. TIME OF DEATH	
DR	4. SOCIAL SECURITY NUMBER 249-14-2250A 90. FACILITY NAME (If not institution, give si 5570 Elderon Avenue	1 XM 2 F 74	yrs. lest birthday) YRS.	MONTHS DAYS 9b. CITY, TOWN C Baltimore	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	th Carolina		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CIT	y, TOWN OR LOCAT	ION	10d, INSIDE CITY LIMITS?			
FUNERAL D	100. STREET AND NUMBER 5570 Elderon Ave	nue			ZIP CODE 21215		10g. CITIZEN OF	1 X YES 2 NO	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)	or No- 14. RAC		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)	ATION 16 completed) College (1-4 or 5+)	Give kind of v	USUAL OCCUPATION Work done during most retired.)	N St of working	166. KIND OF BUS		Black ng Grounds	
BE CO	17. FATHER'S NAME (First, Middle, Last) Eddie Rosebourgh				Belugha	Rosebourg	gh		
5	Sadie Rosebourgh		5570	Elderon	Avenue,	Baltimore	, Md 212		
	1 Deutel 2 Cremation 3 Remo	oval from State				2/2/91 Bal	cation — chy or to	Maryland	
CERTIFICATION	28. PART i. Enter the disease, proshock, or heert fellure. It was a condition and the condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitiated events resulting in deeth) LAST	DUE TO (OR AS A CO	en clical enseouence of enseouence of	Info	1	h es cerdiec or reepir	ratory srrest,	Approximate intervel Between Onset and Deeth Minuals	
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. YES 2 NO NO NO NO								
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 1 Investigation 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined								
BE COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the beet of my knowledge on the beele of exemination on the beele and the second of the beele of exemination on the beele of exemination of the beele of t	e, death occurred	n, in my opinion, de	and plece, end due at the course num 29c. LICENSE NUM	time, date end piece, end	due to the ceuse(e		
10	30. NAME AND ADDRESS OF PERSON WHO ADULES MINGE		d C+	Print) Rd	2/2	75 1	#300		
	NOV 2 9 1991	I min him aver	The section						

tale of the last of the unit

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BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit	on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director gage 5 should be deaplyed for use, as the burial-transfer.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, List)	Kanzler		Randall,		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 213-14-5597	1 M 2 D F	GE (In yrs. lest birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 1-19-03		HPLACE (State or Foreign try)	
STOR	99. FACILITY NAME (If not institution, give since 1805 Edmondson Aven RESIDENCE OF DECEDENT			Baltim	or location of d	EATH	9c. CDUNTY OF	DEATN	
DIRECTOR	10e. STATE 10b. COUNTY			ry, town or local	TION		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1650 Ruxton Avenue				21216		U	WHAT COUNTRY?	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO	If yee, as	DECITY Cuben, Mexica 3 2 NO Specific	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	e or No— 14, RAC Black Spec	ck, White, etc. Chy: Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Phillip Randall				18. MOTHER'S NA Mary Burl	ME (First, Middle, Maiden	Sumame)		
TO	Kanzler Randall, Jr		196, MAILING 3806 P	ADDRESS (Street of 1 KeSWOOd	ond Number or Rural Orive R	Route Number, City or Tow andallstown,	Md 21133		
	20a. METHOO OF DISPOSITION 1/\(\) Buriel 2 \(\) Cremetion 3 \(\) Remote 4 \(\) Donetion 5 \(\) Other (Specify)	oval from State	206. PLACE AND DATE COMMETTER, Crematory or of AYDUTUS ME	ther place) 1 Par	rk	112691 Arbu	itus, Md	own, State	
	· Hola	March	TEN	Marc 4300	oh F/H West Wabash A	t venue			
ATION	23. PART I. Enter the disease, or c ehock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentieity liet conditions, if any, leading to immediate	DUE TO (OR A	eed the deeth. Do no eech line.	rena		elure	ratory arrest,	Approximete Interval Between Oneet end Deeth	
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated evente resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF	P):					
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to death	but not resulting	in the underlyin	g cause given in	Part I. 24e. WAS AN PERFOR	RMED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100	HOSPITAL:	utpatient 3 DOA	OTHER:	ACE OF DEATH (Ch	eck only one) 6 (Specify)	tacaic	e	
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yee		E OF 28c. INJ URY WO		28d. DESCRIBE HOW II			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, ferm, a pecify)	streef, fectory, offic		281. LOCATION (Street a City or Town, Stete)	and Number or Rural	Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kn	owledga, death occurre	n, in my opinion, d	end piece, end due	to the ceuse(e) end men time, date end piece, en-	ner ee stated. d due to the ceuse(s) end menner ee stated.	
TO BE	286. SIGNATURE AND TITLE OF CERTIFIER	Mohree	2		DIP 3	ABER 327	29d. DATE SIGNED	(Month, Dey, Year)	
	30. NAME AND ADDRESS OF PERSON WHO 4660 WILKEW	Are.	202	Print) Bal	to o	21229		t	
	NOV 29 1991	32. REGISTRAR'S SI	GNATURE Randell	6					

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	and Mental Hygiene prior to burial	ly injury, or other traumatic event, the medical examiner mu
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מינים ביינים ביי	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AN
	led	R
	be f	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAI ERTIF	RTMEN	T OF H	EALTH DE A	AND N	MENTAL HYGIEN	IE	326	31
	1. DECEDENT'S NAME (First, Middle, Last) STANLEY							2. DATE OF DEATN	2. DATE OF DEATN 3			
	4. SOCIAL SECURITY NUMBER	5. SEX 1 1 1 M 2 F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12-10-	63	Counti	IPLACE (State or Foreign v) ryland
TOR	9a. FACILITY NAME (If not institution, give a 1901 PERLMAN RESIDENCE OF DECEDENT				9b. CITY			ON OF DEA			NTY OF D	
DIRECTOR	MD . 106. COUNT	Υ			Bal			City	7			10d. INSIDE CITY LIMITS? PLY YES 2 NO
FUNERAL	1812 N. Be	thel St:	reet			101	212			10g. CIT		S.A.
BY	11. MARITAL STATUS 1 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 THE	MED NO		It yes, sp	ecify Cuba	OF HISPANI In, Maxican Specify	C ORIGIN? (Specify Yea, Puerto Ricen, etc.)	or No-	_	- American Indien, t, Whita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 d	16e. DE (Gi	We kind of Do NOT u	work done se retired.)	ccupation during mo	ON st of workin	ng	16b. KIND OF BU	SINESS/INC	DUSTRY	DIGCI
BE CON	17. FATHER'S NAME (First, Middle, Lust) William Royster 18. MOTHER'S NAME (First Florin								ine Bart	tee		
5	190. INFORMANT'S NAME (Type/Print) Florine Royster 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2908 Garrison Blvd. Balto., MD. 21216											
	20b. PLACE AND DATE of DISPOSITION DATE 20c. LOCATION - City or Town, State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Doutha Lecter #281 E.L. Phillips F/HBalto. MD. 21217											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Deeth of Chest of Ches											
CERTII	thet initieted events resulting in deeth) LAST	d	(OR AS A CONSEC	JOENCE OF	r):							
PHYSICIAN: MEDICAL	DART II OU									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO		
PHYSICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? X XYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 26. PLACE OF DEATN (Check only one) Check only one) SUBJECT SHO 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME DF 10. NURRY 10.										CT SHOT	
TED BY	t Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	Pending 1 2 0 1 9 1 M 1 YES X X NO Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28t. LC								OCATION (Street and Number or Rural Route Number, thy or Town, State) BALTIMORE CITY		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYSI (Check only one) X M MEDICAL EXAMINE	CIAN: To the beat of ex	my knowladge, dae amination end/or is	eth occurre	ed at the ti	me, date	end place, eath occurr	end due to	o the ceuse(s) and men	ner se state	ed. a cause(a)	and manner as stated.
MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUI OCM 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print)								ER		SIGNED	(Month, Day, Year) 21 1991	

BALTIMORE, MARYLAND 21201

DONALD G. WRIGHT MD

NOV 29

DCME 111 PENN

32. REGISTRAR'S SIGNATUR

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	HOSPITAL

y be retained by the hospit	sage 5 should be detached		be notified at once.
urs after death. Page 6 ma	in by the funeral director,	removal.	edicai examiner must
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within aurs after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTER	TO THE FUNERAL DIRECTOR	be filed within 72 hours after	IMPORTANT: It item 28

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) GrEO-LGE F-	ROEDER	George F	. Roede:	r	2. DATE OF D	EATH DAY 23	71 C	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 5 -0 -4 11 4 9a. FACILITY NAME (If not institution, give si	1 1 2 F	(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		/16/06	Mary	
TOR	ST. JOSEPH HUSP RESIDENCE OF DECEDENT	1 MAC		TOWSO	N N	1D	0.	LTM	
DIRECTOR	Maryland 106. COUNTY			altimore					H. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 211 Cedarcro	ft Rd.		101	21212			J.S.A.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	It yes, sp	ENDENT OF HISPAT ecify Cuban, Maxica 2 X NO Specifi	n, Puarto Rican,		Black, \	American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 yrs •	CATION completed) College (1-4 or S+)	100000000000000000000000000000000000000	usual occupation of done during moderation of retired.)	st of working		of Business/INI 1timore Stock	Union	Hilli
00	17. FATHER'S NAME (First, Middle, Last) John Roeder				18. MOTHER'S NA		Maiden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, Co	ity or Town, State, Zi		
-	Mrs. Ruth Semon	20			ft Rd. I	Balto.			State
	20s. METHOD OF DISPOSITION **CX3surial 2 C cremetion 3 C Removel from State 4 Donation 5 Dother (Specify) 20s. PLACE of DISPOSITION (Name of cemetery, cremetory or other place) New Cathedral Cemetery Baltimore, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert M. Kratz Mitchell-Wiedefeld Home 6500 York Rd.								
CERTIFICATION	23. PART I. Entar the diseases, or abook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A	each line.	PNEUI	MONIA				Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition	_		n the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	C	FERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
Y PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN.	URY AT PRES 2 NO		BE HOW INJURY O	CCURED	
TED BY	2 Accident 3 Suicide 8 Could not be 4 Homicide datarmined	2 Accident Investigation 3 Suicide 8 Could not be Suicide, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							ute Number.
COMPLETED	one)	CIAN: To the best of my know							and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED TO THE STATE OF THE STATE OF CERTIFIED TO THE STATE OF THE	PitesiciAN	EATH (ITEM 27) (Type,	Print)	29c. LICENSE NU		29d. DA	TE SIGNED (A	Agnth, Day, Year)
	31. DESPT, MD: CO.	ST. TO SEP 14 HO 32. REGISTRAR'S SIGN FUNIA JAMESTON TRE	NATURE .	7620 X	our lo	AD TO	WSON,	MI	21204

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examiner medical the event, traumatic other 10 After this certificate has been signed by the atte death with the State Dept. of Health and Mental s marked, or item 23 shows any injury, (TO THE HOSPITAL DR ATTENDING PHYSIUMO TO THE FUNERAL DIRECTOR: After this certif be filed within 72 flours after death with the IMPORTANT: If Item 28 is marked, or

HOSPITAL DR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) Elmer Reintzell Reintzell harles 2. DATE OF DEATH Charle 8 6 91 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH JE UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 5358 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 XYES 2 NO FUNERAL toe. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 509 South Lerich Street U.S.A. 21224 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yee, specify Cuban, Mexican, Puerto Rican, atc.) BY 1 TYES 2 NO 3 Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EOUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Tool & Die Maker 10 Bethlehem Shipyard 17, FATNER'S NAME (First, Middle, Last) te. MOTNER'S NAME (First, Midde Charles Frederick Reintzell Pauline Hoffert BE 2 Maria Reintzell Balto., Md. 21224 Lehigh 20e. METNOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata Parkwood 12-2-91 Parkville, Md. emetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. astern Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMEO? Coaquelopa 1 YES 2 NO OF OFATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 ER/Outpatient 3 OOA 4 Nursing Nome 5 Realdence 8 Other (Specify) 27. MANNER OF OEATN 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d, OESCRIBE NOW INJURY OCCURED t Natural 5 Pending 1 YES 2 NO BY Accident Investigation 3 Sulcida 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide detarminad 29a. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER resident Sung 28 2 teer 32, REGISTRAR'S SIGNATURE

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0, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
P.O. BOX	th certificate be en	ending physician a	or other traum
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	quires that the deat	n signed by the atti	nows any injury,
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Pages 1, 2, 3 should

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3 1 1991 ROBERT ROBINSON 10 1:30 рм 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F YRS. 55 4-4-1936 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL GENERAL HOSPITAL ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10a STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Co Annapolis 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1902 F Copeland Street 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 1 YES 2 NO Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Buriat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) in state INERAL SERVICE LICENSEE Conald Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 11-25-91 655 W. Baltimore Street, Balto., MD 21201 A PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final Onset and Daath temorrhage disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Alcoholism PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpellant 2 | ER/Outpetlent 3 | DOA OTHER: 1X YES 2 □ NO e 5 Residence 6 Other (Specify) 27 MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW JNJURY OCCUBED Collapse 1 Natural Unwitnessed 5 Pending 31/91 1 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY 3 Suicida At home, farm, street, lectory, office 281. LOCATION (Street and Number or Rural Route Number, 8 Could not be Main and 4 Homicide Green TRADO 1:5 Street 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, desth occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ug 6 14 11/01/1991 O.C.M.E. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE Devidson Binder

3. TIME OF DEATH 2220 6. BIRTHPLACE (State or Foreign

> 10d. INSIDE CITY 1 X YES 2 NO

WHAT COUNTRY? 5.19

14. RACE — American Indian, Black, White, etc.

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Approximate Intervel Between Onset end Deeth

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year)

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AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

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31. DATE FILED (Month, Day, Year)
NOV 2 9 1991

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAI	RTMENT OF	F HEALTH	AND MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	2		-			TE OF DEATH	AY	YEAR	3. TIME O
10	4. SOCIAL SECURITY NUMBER	_ U.		pier		1	1 7	y c	1	29
	228-14-2584	5. SEX 6. AGE (In yrs.	yrs.	MONTHS D	EAR IF UNDER 2	MIN. (Mc	onth, Day, Year)	21	6. BIRTE Count	HPLACE (Sta
00	9a. FACILITY NAME (If not institution, give stre	pet and number)		9b. CITY, TO	WN OR LOCATION	N OF DEATH		9c. COUN	TY OF D	EATH
E	RESIDENCE OF DECEDENT	pital		Ba	Itu					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR L	OCATION					10d. INSID
	MU			139/h						1 X YES
RA	100. STREET AND NUMBER	nd			10f. ZIP CODE	279		10g. CITIZ	EN OF V	WHAT COUN
FUNERAL	3/02 Howerton	12. WAS DECEDENT EVER IN U.S.	ARMED	12 VMC					4	. 7.17
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO	If yo	DECENDENT OF B, specify Cuben, YES 2 NO	Mexican, Puert Specify	SIN? (Specify Yar o Rican, etc.)	n or No—	14. RACE Black Speci	E - America k, White, etc
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) 16a. College (1-4 or 5 +)	DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCU work done durin se retired.)	PATION og most of working	1	6b. KIND OF BUS	SINESS/INDI	JSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	R'S NAME /First	t, Middje, Maiden	Sumemal		
BE 0	John Lee	Bolling			EH	hed H	icks	Surrierrey		
TO B	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3703 Flowerton Poad Balto MD 2127									
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of commetely, premajor) or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F. H West 43.00 Wahash Due									
	23. PART I. Enter the diseases, or co	mplications that caused the at only one cause on each it	deeth. Do	not enter the	mode of dyln	g, euch es ce			st,	Аррг
	IMMÉDIATE CAUSE (Fine) diseese or condition									
	DUE TO OR AS A CONSEQUENCE OF):									
Z	EMD									
CERTIFICATION	Sequentielly liet conditione, If eny, leading to immediate ceuse. Enter UNDERLYING CALISE (Discusses India)									
RTIFI	CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):									
핑	d.									-
MEDICAL	PART II. Other eignificent conditions BENM F			or len		ven in Pert i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTO AVAILABLE I COMPLETIO OF DEATH?
N: M	In Artifultion									1 TYES
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			5. PLACE OF DEA	TH (Check only	one)			
YSI	1 YES 2 NO	HOSPITAL: Inpetient 2 ER/Outpetient	3 DOA	OTHER:	Home 5 - Reald	dence 6 🗆 Ott	ner (Specify)			4172
BY PHY	27. MANNER OF DÉATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIM INJ	URY	INJURY AT WORK?		EŞCRIBE HOW IN	JURY OCC	RED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be						261. LOCATION (Street and Number or Rural Route Numb City or Town, State)		
4	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMPLE.	AN: To the best of my knowledge,	death occurre	d at the time,	date and place, as	nd due to the c	euse(a) end man	ner sa state	1.	
СОМ	2 MEDICAL EXAMINER:	On the basis of examination and/o	r investigatio	n, in my opinio	n, death occured	at the time, da	le and piece, and	d due to the	canse(s)	end manne
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11.100	MAT		29c. LICENS	SE NUMBER		29d. DATE	SIGNED	(Month, Day,

32. REGISTRAR'S SIGNATURE

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.

DHMH-16 Rev 1/89

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

thows any injury, or other traumatic event, the medical examiner must be notified at once. IMPORTANT: It item 28 is marked, or TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR Area THE DE THE filed within 72 hours after each with In

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	1. DECEDENT'S NAME (First,	Middle, Last)				IOAIL	_ 01	DEA		2. DATE OF DEATH			
	3. TIME OF DEATH									2:35 AM			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthd			t birthday)					7. DATE OF BIRTH	-	A BIRTHI	PLACE (State or Foreign	
	214-10-0	265	1 X M 2 F	77	YRS.	MONTHS	NTHS DAYS HOURS MIN. (MONIN, Day, 1987)					Country	")
	9e. FACILITY NAME (If not ins	titution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			NTY OF DE	D
OR	NORTH ARU	NDEL H	HOSPITAL	ASSOCIA'	TION		GLE	N BUI	RNIE				. COUNTY
5	RESIDENCE OF DEC	EDENT											
DIRECTOR	MD		EN BURN	IE	10c, CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2X YNO
RAL	10e. STREET AND NUMBER						101	f. ZIP CODI			10g, CIT		HAT COUNTRY?
FUNERAL	100 METIS	PA DF							124			U.S	. A .
BY	1 Never Married 2			T EVER IN U.S. AR YES 2 16 MAR OR DATES			It yee, sp	ENDENT O	n, Maxican	IC ORIGIN? (Specify Yee I, Puerto Ricen, etc.)	or No-	14. RACE Black, Specifi	- American Indian, White, atc.
믑	15. DECE (Specify only	DENT'S EDUC	CATION Completed)	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON est of workin		18b. KIND OF BUS	INESS/IND		
COMPLETED	Elementary/Secondary (0- 3rd Grade	12)	College (1-4 or 5 -	life.	Do NOT us	ne retired)	auring mo	ist of workin	g	D. SWA	TZ 8	s SOI	NS CO.
ő	17. FATHER'S NAME (First, Mid	idle, Last)						18. MOTH	IER'S NAM	AE (First, Middle, Malden :	Sumame)		
BE	JOHN		SPENC	ER				E	LSI	Ξ			
10	MARY	oe/Print)	SPEN	CER]	LOO	ADDRESS MET	(Street a	A DR	or Rural R	GLEN BUF	State Zip	, MD.	21124
	20a. METHOD OF DISPOSITION Water 2 Cremation 4 Donetion 5 Other (5)	3 Ramo	oval from State	20b. PLACE A cometery, cree MD .	ND DATE O	FDISPOS	AL (ma of CEME	TERY		JREL	City or Tow	m, Stata MD •
	21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE					D ADDRES	S OF FAC	ILITY			
	· Al	ada	o w	anes			-			F.H. 110			RTH AVE
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):												
HH	resulting in death) LAST	d											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give						Iven in P	PERFORI	IED?		WERE AUTOPSY FINDINGS MAAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N N		25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER	1:						
To perfect the series of the s													
						28t. LOCATION (Street an City or Town, State)	d Number	or Rural Ro	ute Number,				
OMPLETED	29a. CERTIFIER (Check only one) 1 CERTIF	YING PHYSIC	IAN: To the best of a	my knowledge, dea	th occurre	d at the tir	me, data	end place,	end due to	o the cause(e) and menn	er ee atate	ed.	
BEC	2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED/(Month, Day, Mean)												
2			M.D./54				K RO	AD/B	ALTIN	MORE, MD.	2122	9	7 1
ELMO M. GAYOSO, M.D./5411 OLD FREDERICK ROAD/BALTIMORE, MD. 21229 31. NOV 2 9 1991 See Strang Str													

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR			ATE OF DEAT	H REG. N		
	1. DECEDENT'S NAME (First, Middle, Lag	JOSEF	h EARL SAG	ER	2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	1	100 FT	UNDER 1 YEAR IF UNDER	24 HRS. 7. DATE OF BIRTH	26	8. BIRTHPLACE (State or Foreign
	577-34-9804	1 3M 2 F	YAS.	HITHS DAYS HOURS	MIN. (Month, Day, Year,	1913	Tennessee
CTOR	9a. FACILITY NAME (If not institution, give Baltimore Cou RESIDENCE OF DECEDENT			Randall			timore County
- DIRECTOR		altimore		oodlawn			10d, INSIDE CITY LIMITS? 1 YES 2 ND
FUNERAL	8 Last bend Co		t. D	101. ZIP CODE 212	07		ZEN OF WNAT COUNTRY? USA
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO ROP DATES	13. WAS DECENDENT OF	F HISPANIC ORIGIN? (Specify n, Maxicen, Puerto Rican, atc.) Specify:	Yaa or No-	14. RACE — American Indian, Black, White, atc. Specify: White
ETED.	15. DECEDENT'S EC (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S US (Give kind of work	done during most of working	16b. KIND OF I	BUSINESS/IND	USTRY
COMPLE	Elementary/Secondery (0-12)	College (1-4 or 5+)	Self Em	ployed	Busi	ness	
	17. FATHER'S NAME (First, Middle, Last) Allen Earl	Sager			ER'S NAME (First, Middle, Maid L'101	GUES	+
TO BE	19e. INFORMANT'S NAME (Type/Print)	~ CO	19b. MAILING AD		or Rural Route Number, City or 1		
Ĕ	George Colett	ta	9405	Diamondba	ck Drive, C		
	20e. METNOD OF DISPOSITION Burlel 2 Cremation 3 Re Donation 5 Other (Specify)		20b. PLACE AND DATE OF Cometery, crematory or other	Ve terans	Cem. 12/4		ison Forest, I
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	M00535	Ellic	ott City, I		eral Home and 21043
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST	a Chan OUE TO (OI	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):	Disone	ue i		
DICAL	PART II. Other aignificant condition	ons contributing to de	eath but not reaulting in the	ha underlying causa gi		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DE	ATN (Check only one)		
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	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF II	NJURY — At home, farm, strae . (Specify)	t, factory, office	261, LOCATION (Stree City or Town, Sta	et and Number of	or Rural Route Number,
COMPLETED			knowledge, death occurred at				d. ceuse(a) and manner es etated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	Lugoc	Ur_	DI	SE NUMBER	29d. DATE	SIGNED (Month, Day, Year)
	86 201, Bell 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	rule,	()			
	NOV 29		a Savidson Randa	020			

DHMH-16 Rav 1/89

MOV 2.9 TOOL SCENE FORM

BALTIMORE, MARYLAND 21215-0020	nours after death, Page 6 may be retained by the hospital or attending physician	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	1, or removal.	e medicai examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely file	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	0 1 0 0 0					
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH					
	PEARL SMITH		11 19	1991 12:31 A M					
	212-56-6046	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)					
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D	1-1-1952	Maryland					
DIRECTOR	THE JOHNS HOPKINS HOSPITAL	BALTIMORE CITY		ALTIMORE					
EC		TOWN OR LOCATION		10d. INSIDE CITY					
DIR	Maryland na Ba	ltimore		LIMITS?					
AL	10e. STREET AND NUMBER	10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	1101 Orleans Street	21202		U.S.A.					
BY FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexico 1 YES 2 NO Specif	n, Puerto Ricen, etc.)	Black, White, atc. Specify:					
ED	15. DECEDENT'S EDUCATION 180. DECEDENT'S U	JSUAL OCCUPATION	16b. KIND OF BUSINES	Black					
ш	(Specify only highest grade completed) [Give kind of we life. Do NOT usa	ork done during most of working retired.)							
COMPL	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Maiden Surn	ame)					
BE C	Leroy B. SMITH	ANNI							
TOE	Veronica Turner 477.	ADDRESS (Street and Number or Rural Byron Road	Route Number, City or Town, St. Randallsto	wn, MD. 21200					
	20e. METHOD OF DISPOSITION 1 C. Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF CHARGE OF	F DISPOSITION (Name of	DATE 20c, LOCATIO	DN — City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Cemetery 11	-26-9 Ba	lto.,MD.					
	Noutha Sector #281		s F/H 1721	-27 N.Monroe					
	23. PART I. Enter the diseasee, or complications that caused the death. Do no shock, or heart feliure. List only one cause on each line.	ot enter the mode of dying, suc	h es cerdiac Dr reepirato	ry erreet, Approximete					
	IMMEDIATE CAUSE (Finel			Intervei Between Onset end Deeth					
	resulting in deeth) e. Seps 15 Due To (OR AS A CONSEQUENCE OF):								
N	Sequentieily liet conditions. Decumonia Zalays								
CERTIFICATION	if sny, leeding to immediate couse. Enter UNDERLYING								
윤	CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF)	:							
F	resulting in deeth) LAST								
	PAUT II Other significant appditions and the significant								
CAL	PART II. Other eignificent conditions contributing to deeth but not resulting in	the underlying ceuse given in	Part I. 24e. WAS AN AUTO PERFORMED	? AVAILABLE PRIOR TO					
MEDIC	(410-)		1 TYES 2	OF DEATH?					
				1 TYES 2 THO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Ch	ack only one)						
SIC		OTHER:							
	27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW INJUR	Y OCCURED					
ВУ	1 Natural 5 Pending (Month, Edy, 1988) 2 Accident Investigation	M 1 YES 2 NO							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, str building, etc. (Specify)	eet, factory, office	281. LOCATION (Street and N. City or Town, State)	umber or Rural Route Number,					
H									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation,	at the time, date end place, end due in my opinion, death occured at the	to the ceuse(e) end menner e	e stated.					
E	29b. SIGNATURE AND PITLE OF CERTIFIER	29c, LICENSE NUM		. DATE SIGNED (Month, Day, Year)					
0 1	Xenda S lung MD	For		11/19/91					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, F		ACTIMONE, 1	40 217.05					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	HOLICISS .3	10,1110102,1	0.00					
	NOV 2 9 1991 de Fai	Tanda Da.							
	9			DHMH-16 Rev 1/89					

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

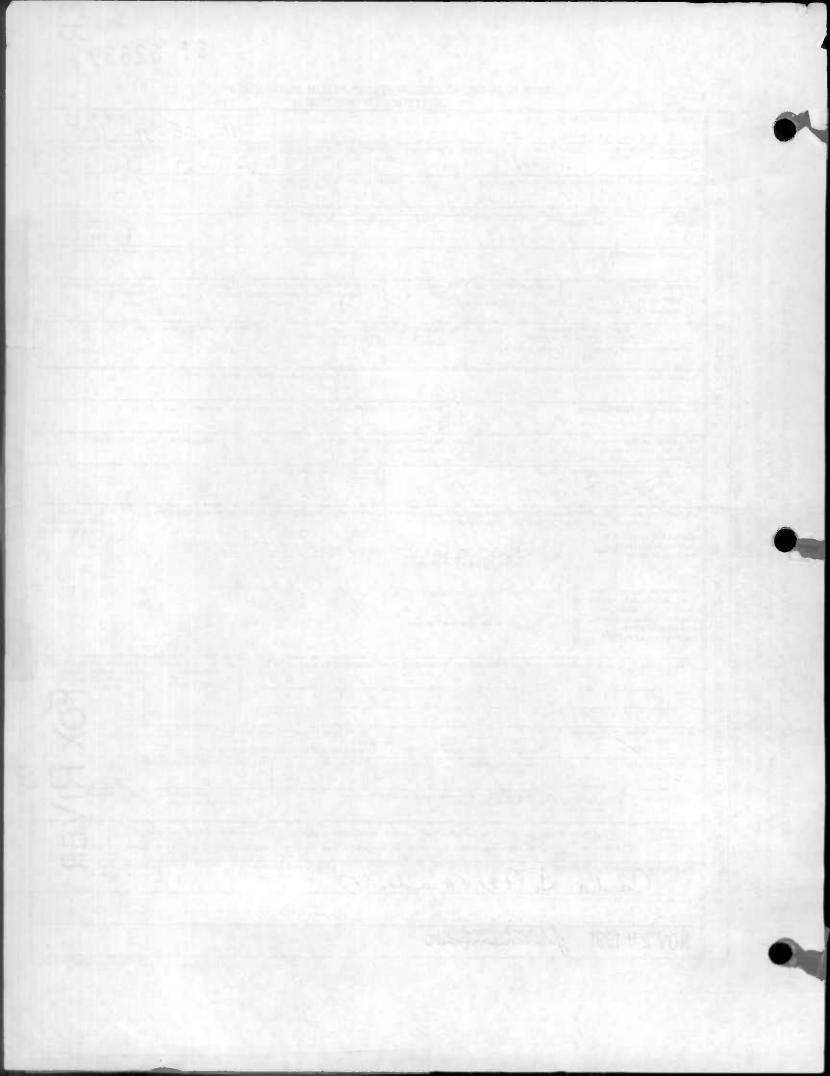
DIVISION OF VITAL RECORDS, P.O. BOX 807 00,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jula Davidson-Kandale

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF			NTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Stipso	K			2	DATE OF DEATH	25 3	3. TIME OF DEATH	
	252 20 0520	S. SEX 6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER	7. 24 HRS. 7. MIN.	DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)	
OR	90. FACILITY NAME (If not institution, give street Stella Maris Hosp				96. CITY, TOWN OR LOCATION OF DEATH TOWSON			9c. COUNTY OF DEATH Baltimore		
5	RESIDENCE OF DECEDENT				71011					
- DIRECTOR	Maryland Balt	timore	10c. CI1		owson				10d, INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	1800 Roland Ave				212	04		10g. CITIZEN OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, s	pecify Cubi		ORIGIN? (Specify Yee Puerlo Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: Willite	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementery/Secondary (0-12)	mpleted)	(Give kind of life. Do NOT u	work done during noise retired.)	ost of world	ing	18b. KIND OF BU		TRY	
M	17. FATHER'S NAME (First, Middle, Last)	, , , , , ,	1101	ii ciii dit ci	_	HER'S NAME	(First, Middle, Maiden			
BE CC		t Wright			10, 110	0 7 .	e Lesli		1	
TO E	190. INFORMANT'S NAME (Typo/Print) Robert L. Stips		1800	Rolano	n		te Number, City or Tow		de) 1204	
	20e. METHOD OF DISPOSITION	20h PLA		E OF DISPOSITIO				1 1 62 9 657	or Town, State	
	1 Donetion 5 Other (Specify)	al from State phoemet		or other place)					n Forest, Md	
	21. SIGNATURE OF FUNERAL BERVICE LYSS	ussil. Jr.		Mito	hel.	i-Wie rk Rd	defeld	Home, imore		
	23. PART i. Entar tha diaaasea, or co- ahock, or heart faliura. Li IMMEDIATE CAUSE (Final disease or condition reauiting in death)	mplicationa that caused the at only one cause on each i	ina.	mal		-			Approximata interval Batween Onset and Death	
CERTIFICATION	Sequantially list conditions, lif any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to death but no	ot reaulting	In the underly	ng cauaa	givan in Pa	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YS	1 TYES 2 NO 27. MANNER OF DEATH	I Inpetient 2 ER/Outpatient	3 🗆 DOA				Other (Specify)			
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	280, 11	JURY \	VES 2		rea. DESCRIBE HOW	INJUNY OCCU	NED .	
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, term	, street, fectory, of	Ice		R8f. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLET	(Check only	AN: To the best of my knowledge								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	J. alexa	u a	lest		2708		1	1/25/91	
5	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	TEM 27) /3"	ne Orient)						

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204



ALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

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n	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	Designation and the same of th
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	withi	
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	1 - STATE REGISTRAR	STATE OF MARY	CER	PARTMEI TIFICAT	NT OF H	FEALTH AND	MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, La	st)						TE OF DEATH		YEAR	3. TIME OF DEA
	LILLIA				TUAR	Г	11			91	9:15
	4. SOCIAL SECURITY NUMBER		(In yrs. last birtl	MONTH	DER I YEAR	IF UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)		8. BIRTH Countr	PLACE (State or Fo
	90. FACILITY NAME (If not Institution, 9f	1 M 2 K F	90 °	RS.			1-	27-1901		MAR	YLAND
OR	24 EUGENIA AVE				RNDA	OR LOCATION OF	DEATH		9c. COUN		
٢	RESIDENCE OF DECEDENT								ANN.	Ł Ar	RUNDEL
DIRECTOR	MARYLAND ANNE ARUNDEL			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
AL	100. STREET AND NUMBER			FERNDALE 101. ZIP CODE					1 YES 2 [1 YES 2 X
200	24 FUCENTA AVE			21061					U.S		MAI COUNTRY?
FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			t	3. WAS DEC	ENDENT OF HISP	ANIC ORIG	GIN? (Specify Yea		14. RACE	- American Indi
ВУ Б	t Never Married 2 Merried 3 XWidowed 4 Divorced		FORCES? 1 YES 2 NO If yes, specify Cuban, Mai IF YES, GIVE WAR OR DATES I YES 2 NO Spo				o Rican, etc.)		Speci	, White, atc.	
0	15. DECEDENT'S E	DUCATION	TION 18s. DECEDENT'S USUAL OCCUPATION							WHITE	
ETE	(Specify only highest gr	(Give kir	NT'S USUAL nd of work don IOT use mitired	e durina mo	ON ist of working	1	6b. KIND OF BUS	INESS/INDU	STRY		
P	Elementary/Secondary (0-12) 8 YRS.		E MAKE				OLDI I	HOME			
COM	17. FATHER'S NAME (First, Middle, Last)	NONE	помі	LIAKE	N	18. MOTHER'S N	IAME (First	OWN I			
ш	WILLIAM HE	L			MARGA			ANK			
TO B	t9a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRE	SS (Street a	and Number or Rura				Code)	
F	DAVID STUART, JI	R	152	WILE	YS LA	ANE PASA	DENA	, MD 21	122		
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 R		b. PLACE AND D	ATE OF DISPO	DSITION (Ne		1		CATION — C	ty or To	wn, Stata
	4 Donation 5 Other (Specify)	LEN HA	VEN MI	EMORI	AL PARK	111	-30 GI	EN BU	JRNI	E, MD	
	21. SIGNATURE OF FULL ALL SIGNATURE OF FULL SI										
	1 SECOND AVE. S.W. GLEN BURNIE, MD										MD 21
	23. PART I. Enter the diseases, on heert tellur immediate Cause (Final disease or condition reculting in deeth)	e. List only one couse on Renal	fail	lan		de ot dying, su	cn ee ce	erated or reepit	etory erre	st,	Approximation interval Bookset and
IFICATION	CAUSE (Disease or injury										
ERTI	that initiated events reculting in deeth) LAST d,										
NL C	PART II. Other eigniticent conditi	one contributing to deeth	but not recult	ing in the u	anderlying	cause given in	n Part i.	24s. WAS AN /	AUTOPSY	24b.	WERE AUTOPSY FI
EDICA				PERF			PERFORI			AVAILABLE PRIOR COMPLETION OF C OF DEATH?	
N. M											1 YES 2 N
CIAI	25. WAS CASE REFERRED TO MEDICAL				2e. PL	ACE OF DEATH (C	heck only	one)			
YSIC	1 YES 2 D NO	HOSPITAL: 1 Inpatient 2 ER/Out	petiant 3 🗆 De	OTHE		5 (U Realdence	nce 6 Other (Specify)				
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b	TIME OF	28c. INJ			ESCRIBE HOW IN	JURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M		ES 2 NO					
ETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)				28f, LO	CATION (Street ar by or Town, State)	nd Number of	Rural R	oute Number,		
COMPLE	29a. CERTIFIER (Check only one)	SICIAN: To the beat of my know	vledge, death o	courred at the	Ilma, date	and place, and du	a to the c	ause(a) and mani	ner as stated	1.	
00	2 MEDICAL EXAMI	NER: On the basis of examination	on and/or investi	getion, in my	opinion, de	eath occured at th	e time, de	te and place, and	dua to tha	cause(s)	and manner as st
BE	29b. SIGNATURE AND TITLE OF CERTIF	les my	9			29c. LICENSE NU	MBER	_	29d. DATE	SIGNED	Month, Day, Year)
0	20 NAME AND ADDRESS	AVAC				D 256	54	-	11,	127	191
	30. NAME AND ADDRESS OF PERSON Y	VIND COMPLETED CAUSE OF DE	EATH (ITEM 27)						1	1	
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E HOSPI	E FUNER	HTANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the l	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows eny Injury, or other traumatic event, the medical examiner must be notified at one

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5. SEX	DOROTHY B. SM	ART	2. DATE OF DEATH DAY 7. DATE OF BIRTH	3. TIME OF DEATH YEAR 3. SIME OF DEATH 3. 555 M 8. BIRTHPLACE (State or Foreign
œ	96. FACILITY NAME (If not institution, give street and number)	SO YRS. M	ONTHS DAYS HOURS MIN.	(Month, Day, Yagr) 5-11	South Dakota OUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION	mo t	TOUCHOL 10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	0100	101. ZIP CODE) 10g. (1 Tyes 2 No CITIZEN OF WHAT COUNTRY?
BE COMPLETED BY FUNERAL	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 WO Speci		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	life Do NOT use:	k done during most of working retired.)	16b. KIND OF BUSINESS/	INDUSTRY
	17. FATHER'S NAME (First, Middle, Lest) Legal Lewis			AME (First, Middle, Meiden Surnem A Haywood	9)
TO	190. INFORMANT'S NAME (Type/Print) Pamela Mertes	19b. MAILING A 10017	DORESS (Street and Number or Aural Inkpen Place,)	Route Number, City or Town, State, Ellicott City,	Zip Code) Md. 21042
	20s. METHOD OF DISPOSITION 1 String Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	St. John	10N (Name of cemetery, cremetory or S		- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD	take	22. NAME AND ADDRESS OF FA HARRY H. WITZI	KE FUNERAL HOM	E cott City.Md.2104
	23. PART I. Enter the diseases, or complications in shock, or heart fellure. List only one commendate cause (Fine) disease or condition resulting in death)	ause on each line.	t enter the mode of dying, sur		Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	O (OR AS A CONSEQUENCE OF):	ntun , pr	zem Denetu	ь
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing	to deeth but not resulting in	the underlying couse given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 740	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Dingstient 2		26. PLACE OF DEATH (C		
BY PHYS	27. MANNER OF DEATH 28s. DATE		OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
	3 Suicide 280. PLACE	OF INJURY — At home, farm, str g, etc. (Specify)	eet, factory, offica	281. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of				
TO BE	3d. NAME AND ADDRESS OF PERSON WHO COMPLETED C.	MISE OF DEATH (ITEM 27) (June 1	29c. LICENSE NU	29d.	DATE SIGNED (Models, Day, Year)
	11055 Lutte Potent	Parlium the		mp 31	044
	31. DATE PILED (WOUTH, Day, 1881)	Kill & Dula 12	,		

permit. Pages 1, 2, 3 should

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(S)	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dil be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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	IAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE hia Davidson-Randelle

50)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH harles 11 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fo 216 54 2011 41 1 M 2 | F YRS. 8-3-1950 W VA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Liberty Medical Center Baltimore DIRECTOR na RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland na Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2534 Boarman Avenue 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wanda Johnson Daug 1128 N. Calhoun St, Baltimore, MD 21217 20s. METHOD OF DISPOSITION
1 | Burlel 2 | Cremetion 3 | Removal from State
4 | Donation 5 | Other (Specify) in state 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE THE SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 11-26-91 655 W.Baltimore St. Balto., MD 21201 ART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, Approximete ehock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi **Onset and Death** diseese Dr condition TOXO D resulting in deeth) =toru CERTIFICATION Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury (QR AS A CONSEQUENCE OF that initiated events resulting in deeth) LAST eamonia PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpetiant 2 | ER/Outpatiant 3 | DOA Ing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY м 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number of Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide datarminad 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as etated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month. Day, Year) Amatun N. Malem

Charles E Sharts Amarust N sigem so nathin of the motivity

1 1111 11

the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

6	8		at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 our after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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ATT.	cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	item
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NG P	fter t	eath 1	NT: If item 28 is marked, or
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	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Snyder	ENORA H	. SNY	DER	2. DATE OF DEATH	11-25-9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I		In yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-21-1903		BIRTHPLACE (State or Foreign Country) Maryland	
OR	She facility NAME (If not Institution, give street and number) Shedy Growl adum (b) Spital Rockville Montgomery Cour								
DIRECTOR	HESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Montgomery County			ROCK	ocation ville				
AL	10e. STREET AND NUMBER	ive-Nat'l Lu	theran H	Iome	10t. ZIP CODE	850		N OF WHAT COUNTRY? USA	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If ye	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, apecify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			I. RACE — American Indian, Black, White, etc. Specify: White	
PLETED	(Specify only highest grade completed) (S USUAL OCCUI work done durin use retired.)	PATION ng most of working	Office		STRY	
E COMPLET	17. FATHER'S NAME (First, Middle, Last) James Anderson	Moore			16. MOTHER'S N	AME (First, Middle, Maider ra Frances		ock	
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (St	treet and Number or Rura	I Route Number, City or Tox	vn, State, Zip Co	ode)	
	20s. METHOD OF DISPOSITION 1						y or Town, State		
	ahock, pr heart fallure. List only one cause on each line.								
4	PART I. Enter the diseases, or cahock, or heart failure. I	omplications that cause	1-26-91	655	W. Baltin	more St, Ba	lto.,	MD 21201 Approximata Interval Batween	
ERTIFICATION	PART I. Enter the diseases, or cahock, pr heart fallure. I	omplications that causes on each of the court of the cour	1-26-91	655 not enter the	W. Baltin	nore St, Ba	lto.,	MD 21201	
MEDICAL CERTIFIC	PART I. Enter the diseases, or cahock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	omplications that causes on each of the control of the cause on each of the cause of the cau	d the death. Do deach line. A CONSEQUENCE Of A CONSEQUEN	655 not antar that VYCS OF): OF):	W. Balting a mode of dying, su	nore St, Bach as cardiac or reap	N AUTOPSY	MD 21201 Approximata Interval Batween	
EDICAL CERTIFIC	PART I. Enter the diseases, or cahock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	omplications that cause on e clat only one cause on e DUE TO (OR AS A DUE TO (d the death. Do ach line. A CONSEQUENCE Of A CONSEQUENCE	others:	W. Balting a mode of dying, su	n Part I. 24a, WAS A PERFC 1 YES	N AUTOPSY	MD 21201 Approximate Interval Batwer Onsat and Dea 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	

TASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

951 32. REGISTRAR'S SIGNATURE

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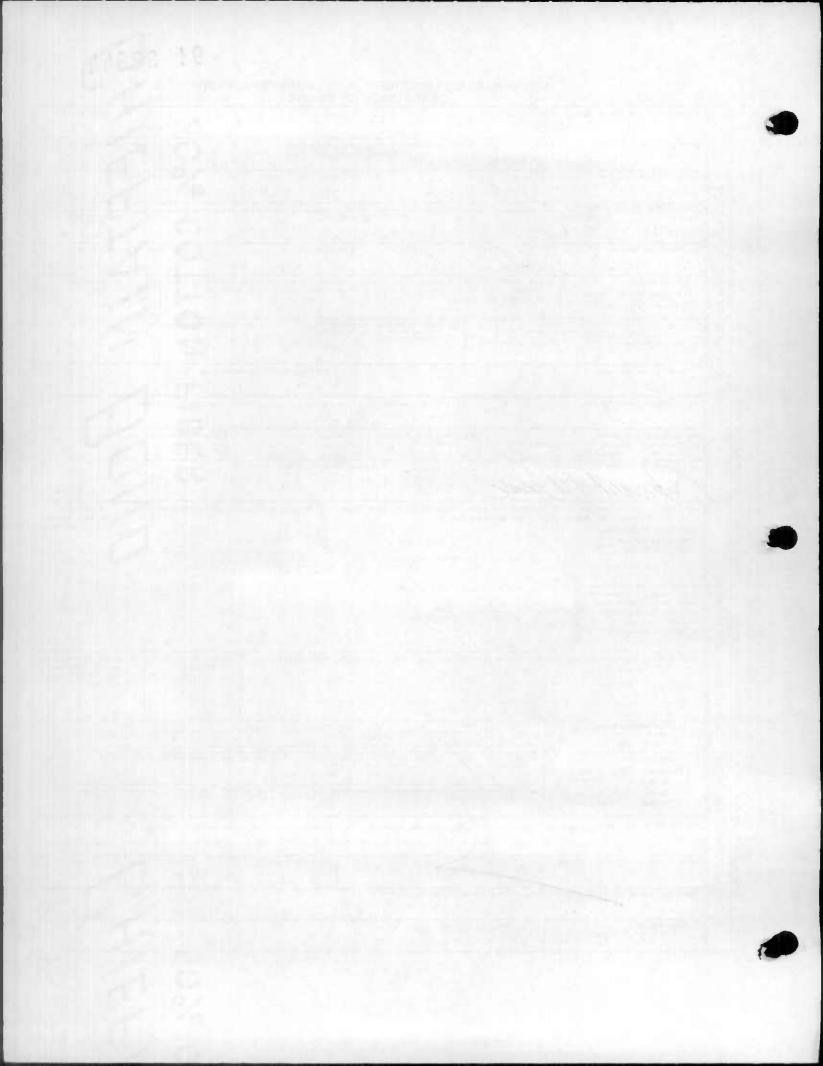
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH		L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)	GEKIKODE ELIZ	ABETH SZ	ZCZECINSKI ki	2. DATE	of DEATH	91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 201 24 5775			UNDER 1 YEAR JF UNDER		OF BIRTH th, Day, Year) 15 1	3	tRITHPLACE (State or Foreign ountry) Mary.l.and
9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR LOCATI	ON OF DEATH		9c. COUNTY C	
	300 Dulaney Va	lley Rd	Baltimon	*P/Towsor	1		Baltimore
RESIDENCE OF DECEDENT 100. STATE 100. COUNT	TV	40a CITY TO	OWN OR LOCATION				10d, INSIDE CITY
	to. County						LIMITS?
De. STREET AND NUMBER	20. Country	Tows	10f. ZIP COD	-		40- OITITEN	1 YES 2 NO
2300 Dulaney Val	llow Dood					10g. CITIZEN	OF WHAT COUNTRY?
1. MARITAL STATUS	12. WAS DECEDENT EVER IN U	10 ADMED		204			USA
☐ Never Merried 2 ☐ Merried	FORCES? 1 YES	2 NO	13. WAS DECENDENT (If yes, specify Cube 1 YES 2 NO	n, Mexicen, Puerto			RACE — American Indian, Black, White, etc. Specify:
Wildowed 4 Divorced		NO			NC		White
15. DECEDENT'S ED (Specify only highest grad Elementery/Secondery (0-12)		(Give kind of work life. Do NOT use ret	done during most of working		b. KIND OF BUSII	NESS/INDUSTI	RY
FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NAME (First,	Middle, Maiden Si	ımame)	
Joseph Rassa			Ba	rbara Ma	isch		
e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street and Number			State, Zip Code	0)
John Szczecinski	Son	3614	Rusty Rock	Road Ra	ndalle+	Oum A	MD 21122
Da. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rec			ON (Name of cemetery, cres				or Town, State
Donation 5 Other (Specify)							
muld/	Monald Wad	de, Dir 26-91	655WestBa		STATE A		BOARD more, MD 212
MMEDIATE CAUSE (Finel lisease or condition eculting in daeth) Gequentially list conditions, fany, leading to immediate sause. Enter UNDERLYING			Carcinoma rimary ovar	ian car	cinoma		
CAUSE (Disease or Injury hat Initiated events esuiting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
PART II. Other eignificent condition Massive 1	ons contributing to death but ymphoedema- le		he underlying cause	given in Part I.	24a. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			26 PLACE OF I	DEATH (Check only	one)		
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:				
7. MANNER OF DEATH	1 Inpatient 2 I ER/Output 269. DATE OF INJURY	28b. TIME O	F 28c. INJURY AT		er (Specify) ESCRIBE HOW IN	JURY OCCUPS	EQ
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? M 1 YES 2			John Jocome	
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, etc. (Specify	At home, farm, stree	et, fectory, office	261. LO	CATION (Street ar y or Town, State)	d Number or R	tural Route Number,
CONDUM CITY	SICIAN: To the best of my archiec						use(e) end menner ee stated
9b. SIGNATURE AND TITLE OF CERTIFI	1			ENSE NUMBER	T		GNED (Month, Day, Year)
The state of Section		_		D15504		N 10	
D. NAME AND ADDRESS OF PERSON OF	O COMPLETED CALLSE OF DEAT	TH //TEM 27 /5ma Orl		013304		11,	/15/91
E. Nakhuda M. D.				on, Md 2	21204		
1. Date For ED (Monity, Dail Man)	32. REGISTRAR'S SIGNAT						



permit. Pages 1, 2, 3 should

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burial-transit the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 the t use as 10, detached 2 retained by director, page 5 urs after death. Page 6 may be filled in by the filled ion, or removal. cremation, ysician and completely f BOX 68760, been signed by the attending physician it, of Health and Mental Hygiene prior to death certificate be P.O. DIVISION OF VITAL RECORDS,

te notified pe must examiner the medical event, traumatic or other injury, shows any has be Dept. (certificate It item 0 WITH marked. After t o the Hospital or Attending the Funeral director: Afe filed within 72 hours after de S 20

CERTIFICATION

PHYSICIAN:

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAN'S SIGNATURE

D: Kolon

Item

OR ATTENDING PHYSICIAN.

this

TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h

91 32645 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH DAY 5 9 TAR DOROTHEA SCHECH CATHERINE 3:27 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220 22 6215 1 M 2XXF 62 MONTHS DAYS HOURS YRS 8-14-1929 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 111 HAMLETT HILL ROAD BALTIMORE CITY na RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore TY YES 2 NO FUNERAL 10a. STREET AND NUMBER CROSS KEYS 10g. CITIZEN OF WHAT COUNTRY? HARBOR HOUSE 111 Hamlet Hill Road #1305 21210 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—
If yea, specify Cuban, Maxican, Puarto Rican, etc.)

 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White no 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 +Sun Paper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Edward Woods Mildred Louise Cumberland 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code, Robert Schech Son Hoffman Mill Road, Hampstead, MD 2611 20a. METHOD OF DISPOSITION
1 Buriat 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ** Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANATOMY BOARD 11-27-91 655 W. Baltimore St, Balto., MD 21201 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Intervel Between IMMEDIATE CAUSE (Finel **Onset and Death** disesse or condition resulting in death) BARBITURATE PHOPICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO **COMPLETION OF CAUSE** 1 YES 2 NO DF DEATH? 1 YES 2 NO TUNCTIO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 X YES 2 NO 4 - Nursing Home 5 - Residence 8 X Other (Specify) OME 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 24 -TUGESTAD DRUGS 91 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, streat, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number 8 Could not be 4 Homicide determined AT HOME III HAMLETT HILL BANTHON GRY 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 BIGHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **▶**11/26/91 O.C.M.E. la

111 PENN STREET, BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

1 - STATE REGISTRAR		STATE UF M			ICATE				MENT	AL HYGIE			
1. OECEDENT'S NAME (First, Mi	ddle, Last)	March C							2. OA'	TE OF OEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		Myrl C.	Tabb						1	1 2		991	
215-32-9687		1 M 2 F	6. AGE (In yrs. la 78	YRS.	IF UNDER 1	DAYS	HOURS	24 HRS. MIN.	7. DAT	e of BIRTH	2	8. BIRTI	HPLACE (State or Foreign
9a. FACILITY NAME (If not institu		/\	/0	rno.	OF OLLY	70000				-10-191	_		" Va
4013 Penhurst					9b. CITY,		timore		DEATH		9c. COL	INTY OF E	DEATH
RESIDENCE OF DECE	DENT					Dai	liilUrt	<u> </u>					
	b. COUNTY			10c. CIT	Y, TOWN OF	LOCATI	ON						10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER					Bal	timo				0.1			1 X YES 2 NO
4013 Penhurst	Λιωουι					101.	ZIP CODE		1 -		10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS		12. WAS OECEDENT	EVED IN IL C AF	OMED	140.00			212				US	
1 Never Married 2 Mai 3 Widowed 4 Divorced	ried	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes, specify Cuban, Maxican, Puario Rican, atc.) Black, White, at YES 2 X NO Specify:						E — American Indian, k, White, etc.		
15. DECEDE (Specify only hig	NT'S EDUCA	TION ampleted)	18a, DE	CEDENT'S	USUAL OCC	CUPATIO	N		-10	b. KINO OF BU	SINESS/INI	DUSTRY	
Elamentary/Secondary (0-12)		College (1-4 or 5+)		. Do NOT us	se retired.)	ining mos	E or wonan	9					
17. FATHER'S NAME (First, Middle	, Last)									, Middle, Maide	Surneme)		
William Ball 190. INFORMANT'S NAME (Type/	D-1-a)						_	y Ba					
Berlin Gibs			19							mber, City or Ton			
20a. METHOD OF DISPOSITION	OH		200 01 105		4 Boan			9 1		more, M			
Burial 2 Cremation Donation & Other (Spe		al from State	20b. PLACE.	ematocy or of	the place	10N (Nan	ne of		1	2991 Ari	OCATION -		own, Stata
21. SIGNATURE OF FUNERAL SI		OSE .	Albuce	3 11011		AME AND	ADDRES	S OF FA		Zaar VII	Julius,	nu	
allate	100	1.LA	. /				ch F/						
23. PART i. Enter the disea	401	APOUI	0			4300	Waba	ish A	venue	2			
disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST			DR AS A CONSECUTOR AS A CONSEC		,	ino	na Co	to	Le	ver 4	Lu	9	
PART II. Other significant c	d.	contributing to d	eath but not r	esulting l	n the unde	eriying	causa gl	Iven In	Part I.	24a. WAS AM PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO ME EXAMINER?						26. PLA	CE OF DE	ATH (Ch	eck only o	ine)			
1 TYES 2 NO		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	9 Homa	5 N Res	ildenca	8 🗆 Oth	er (Specify)			
7. MANNER OF DEATH 1 Natural 5 Pend 2 Accident Inves	ling itigation	28a. DATE OF IN (Month, Day,		28b. TIME INJU	E OF 26	8c. INJUI WOR	TA YE		_	SCRIBE HOW	NJURY OCC	CURED	
3 Suicide 8 Coul	d not be	28a. PLACE OF building, at	INJURY — At ho c. (Specify)	me, farm, at	treet, factory	y, offica			28f. LO	CATION (Street or Town, State,	and Number	or Rural R	loute Number,
99. CERTIFIER (Check only one) 2 MEDICAL	NG PHYSICIA	N: To the best of m	y knowledge, da minstion and/or i	ath occurred	d at the time	o, deta a	nd placa, a	and dua	to the ca	Ruse(a) and ma a and place, ar	nner aa stat ed dua to th	ed. a cause(s)	and manner as stated.
96 SIGNATURE AND TITLE OF	ERTIFIER)				:	Pec. LICEN	NSE NUM	ABER	1	29d. OATI	SIGNED	(Month, Day, Year)
Harold 1	1/ 1-	anse	1, M.				DO	90	090	+	•	11-	26-91
307 MC	Mec.	Len L	L'ALL	1 27) (Type,	#27	271	mai	SF.		ND	-	Vi	217
1. DATE FILED (Monts Des. Year) NOV 29 199	1 4	32. REGISTRAR	S SIGNATURE	2								,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARSHALL

1991

3. TIME OF DEATH

26,

2 R

urs after death. Page 6 may be executed within pe DIVISION OF VITAL RECORDS. The law HOSPITAL OR ATTENDING PHYSICIAN:

2. DATE OF DEATH MONTH 11:40 P M 4. SOCIAL SECURITY NUMBER 4354 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Day, 1 M 2 - F 73 DAYS HOURS YRS. 228-18-4355 8 18 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 3000 BLK W. BELVEDERE AVE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION permit, Pages 10d. INSIDE CITY LIMITS? Md **Baltimore** YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 3005 Oakford Avenue 21215 USA the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Bleck, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: the 3 Widowed 4 Divorced Specify: Black. COMPLETED for use as 15. DECEDENT'S EDUCATION (Specify only highest grade complete 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementery/Secondery (0-12) should be detached Pimlico Race Track 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) $\frac{1}{2}$ retained by Richard Turner notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Turner page 5 s 3005 Oakford Avenue. Baltimore, Marvland 21215 be 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 V Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) must director, Garrison Forest V.A. Cem 12/2/91 Owings Mills, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEP MARCH FUNERAL HOME filled in by the fion, or removal, 4300 WABASH AVENUE medical .23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, Approximata ahock, or heart failura. List only ona cause on each line. intarval Batwaan IMMEDIATE CAUSE (Final the Onaet and Death cremation. disaase or condition reaulting in death) Atheresclerotic Cardiovascular Disease completely event, DUE TO (OR AS A CONSEQUENCE DE) and com traumatic CERTIFICATION Sequantially list conditions, DUE TO (DR AS A CONSEQUENCE DF): If any, leading to immediata cause. Enter UNDERLYING physician prior CAUSE (Disease or Injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated aventa attending reaulting in death) LAST 50 signed by the atten Health and Mental I Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? s certificate has been si th the State Dept. of H id, or item 23 show 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only on EXAMINER? HOSPITAL : OTHER: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 X Other (Specify) JOB 27. MANNER OF DEATH this c 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WDRK? 28d. DESCRIBE HOW INJURY OCCURED Found marked, 1 Natural unresponsive in his agartment 5 Pending 3 11/26/91 A 1 YES 2 NO BY death After 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, straet, tactory, office building, etc. (Specify) 28 is i 3 Sulcide 281. LOCATION (Street and Number or Purel Route Number City or Town, State) Pinlice Race Track
Baltmare, Ad COMPLETED 8 Could not be DIRECTOR: , Apartment 4 Homicide abover determinad item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piecs, end due to the cause(s) end mennar se steted. FUNERAL E within 72 h TO THE HOSPITAL
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beets of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceues(s) end menner as steted. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hute m 11-27-1991 2 O.C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 N. PENN STREET BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year)
NOV 29 199 32. REGISTRAR'S SIGNATURE eller aller in som y proportion DHMH-16 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TURNER

imumatic event, the medical examiner must be notified at once,

	FOR STATE REGISTRAR	TATE OF MARYLAND		T OF HEALTH AN	ID MENTA	L HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) Robert 1.	ThomA	S lest birthday) IF UND		MDNTI	24 91	3. TIME OF DEATH
	228-09-9370	XM2 = 80	YRS. MONTHS		IN. (Monti	h, Day, Year)	BIRTHPLACE (State or Foreign Country)
TOR	Deaton M. Center 6	01 Si Charles	- 4	Balto	OF OEATH	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		BA A	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	601 S. Cha	urles Street	st	10f, ZIP CODE	30	10g. CITIZEI	of what country?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	DVO .	I. WAS DECENDENT OF H If yes, specify Cubso, M 1 — YES 2 — MO S	lexican, Puarto		RACE — American Indian, Bleck, White, atc. Specify: BIA. CK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com. Elamentary/Secondery (0-12) NA		DISABI	e during most of working)	16b	o, KIND OF BUSINESS/INDUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				'S NAMF (First	Middle, Malden Surname)	
TO E	194. INFORMANT'S NAME (Type/Print) CYNTHIA THOMAS					ber, City or Town, State, Zip Co TIMORE, MI	· ·
	20a. METHOD OF DISPOSITION X(XBurlet 2 Cremation 3 Removal 4 Disposition Other (Specify)	from State 20b. PL/other	er place)	Name of cemetery, cramator N CEMETER		LANSDOWI	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(a)	2	WM. C. MAR		I. 1101 E.	
	23. PART L'Enter the disease, or comehock, or heert fallura, List IMMEDIATE CAUSE (Finel						
	disease or condition resulting in deeth)	DUE TO (OR AS A COL	NSEQUENCE OF):	sterte			17n
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	,				
PHYSICIAN: MEDICAL CE	PART II. Other significent conditione of		ot resulting in the	underlying ceuse give	en in Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN		OSPITAL:	ОТН		100	en la	
	27. MANNER OF DEATH 1 Netural 5 Pending	Ampatient 2 ER/Outpatier 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 N	28d. DE	er (Specify) SCRIBE HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, street, f		28f. LO	CATION (Street and Number or or Town, State)	Rural Route Number,
COMPLET	(compon only	N: To the best of my knowledge					cause(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	upns	med 1	29c. LICENS	Y62	29d. DATE 9	SIGNED (Month, Day, Year)
-	30. NAME AND APDRESS OF PERSON WHO C	OMBI ETED CAUSE OF DEATH	(ITEM OT) (Emp. Driet)	7			A

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

NOV 2 9 1991

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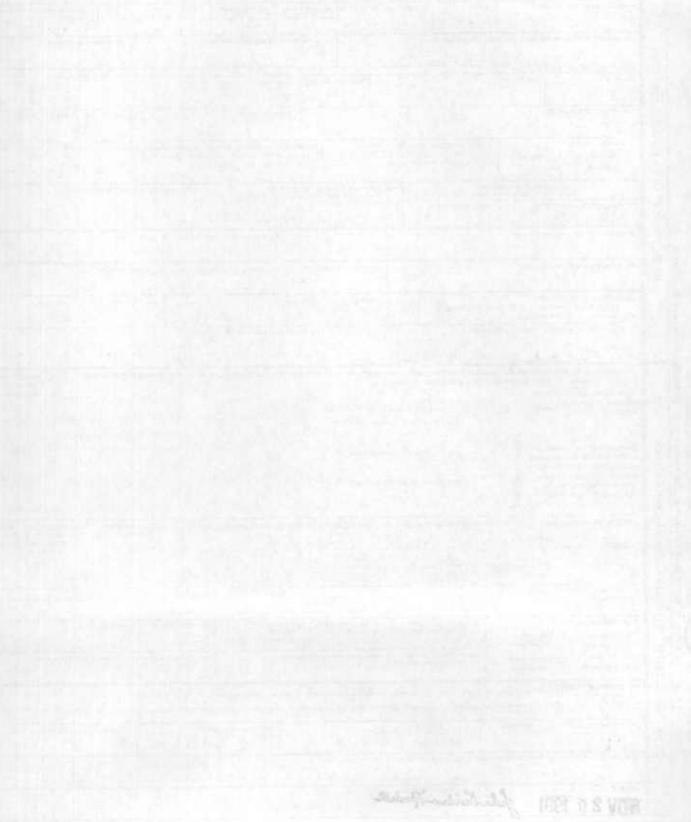
	nit. Pages 1, 2, 3 should	
), BALTIMORE, MARYLAND 21215-0020	4YSIGIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the soft or find the present or entropy. The page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	the meaning must be noticed at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition for removal. To burial certificate the State Depty of Health and Mental Hypigne prior to burial, certificate for removal. The properties of the prior of the prior of the prior to the prior that the major prior that the properties of the prior to the prio	

1	1. DECEDENT'S NAME (First, Middle, Last)						DEAT		2. DATE DF			0.5	3. TIME DF DEATH	
	James J.		VALIS	S					MONTH 11	28		YEAR Q1		
	4. SOCIAL SECURITY NUMBER 216-09-4190 A	5. SEX	8. AGE (In yrs.)	last birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, DEC. 25)	BIRTH ay, Year)		V	,	
~	9e. FACILITY NAME (If not institution, give				9b. CITY,	TOWN D	DR LOCATIO	ON OF DE		, 150-	9c. CDUN			
DIRECTOR	Franklin Square Hos					ossvi					Ba	ltim	ore	
IRE	10e. STATE 10b. COUNT			10c. CITY	Y, TOWN DI								10d. INSIDE CITY LIMITS?	
	MG. B	Baltimore			Balti	1							1 YES 2 NO	
ERA	2515 Edgewood Road						21234						HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FDRCES? 1 IF YES, GIVE W	T YES 2 X	ARMED ND	- 11	MAS DECI	ENDENT DE	n, Mexicen	IIC DRIGIN? (S n, Puerlo Rica	ipecify Yee n, etc.)	or No-			
ED	15. DECEDENT'S EDU	CATION		DECEDENT'S					16b. Kif	ND DF BUS	INESS/INDU	ISTRY		
COMPLET	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5 -	- 6	(Give kind of w life. Do NOT usi ACCOL	work done do se relired.) untant		st of working	g			er Can			
SOR	17. FATHER'S NAME (First, Middle, Last)			. 200	W room to		18. MOTH	IER'S NAM	ME (First, Midd			Dairy	-	
BE (James Valis						Anna	3	-					
T0	Sylvia K. Valis		196. MAILING ADDRESS (Street and Number or Rural Route Nu 2515 Edgewood Avenue Baltimo									Code)		
	20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem	novel from State	20b. PLAC	EANDDATEO	FDISPDSIT	TION /Nar	me of		DATE	7	ity or Tow	n, State		
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE DF FUNERAL SERVICE VICE		_ Most	Holy Redeemer Dec.2, 1991							altimore, Md.			
	22. TAME AND ADDRESS OF PACIFIES													
	Leonard J. Ruck Inc. 5305 Harford Road 21214													
	23. PÁBT I. Entar tha disaases, or complications that caused tha death. Do not entar tha mode of dying, such as cardisc or reapiratory arrest, shock, or haart failura. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (DR AS A CONSEDUENCE DF):													
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(DR AS A CONSE											
111	PART II. Other algnificant condition	s contributing to	ibuting to death but not resulting in the underlying cause givan in Part I. 24a. WAS AN AUTOPSY PERFORMED?							PERFORM	MED?	1		
4	Atrial Fibrillation Performed? * U YES 2 U NO AMAILABLE PRIDER TO COMPLETION OF CAUSE OF DEATH? 1 U YES 2 U NO													
MEDICAL	_Atrial Fibrilla	tion										1	YES 2 ND	
MEDICAL	Atrial Fibrilla 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	:	ACE OF DE		ck only one)	cathe)		<u> </u> '	YES 2 ND	
PHYSICIAN: MEDICAL	Atrial Fibrilla 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER DF DEATH 1 X Netural 5 Pending		INJURY	3 DOA 28b. TIME	4 Nursir	: ing Home 28c. INJU WOR	5 Reel	eldence 6			JURY OCCU		YES 2 ND	
BY PHYSICIAN: MEDICAL	Atrial Fibrilla 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER DF DEATH 1 X Netural 5 Pending	HOSPITAL: 1 \(\) Inpetient 2 \(\) 28e. DATE DF (Month, Date of the control of t	INJURY	28b. TIME INJU	4 Nursir	: Ing Home 28c. INJU WOR t YE	URY AT RK?	ND ND	ck only one) 5 Other (Sp	BE HDW IN		PRED		
PHYSICIAN: MEDICAL	Atrial Fibrilla 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER DF DEATH 1 X Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 \(\) Inpetient 2 \(\) 28e. DATE DF (Month, Date of the best of t	INJURY ay. Year) F INJURY — At hetc. (Specify) my knowledge, d	28b. TIME INJU	4 Nursir E OF 2 JRY M 2 treet, fector	ing Home 28c. INJU WOR t YE	ury AT RK? ES 2	ND end due to	ck only one) 5 Other (Sp. 28d. DESCRIE 28f. LDCATION City or To	N (Street anwn, State)	nd Number o	IRED r Rural Root	ute Number,	

DHMH-18 Rev 1/89

attending physician,	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humal-transit narmit page 1.2 sebould	מומנים	
The saw requires that the beautiful to executed within 24 hours are beautiful that o hay be retained by the hospital or attending ph	page 5 should be detached for		t be notified at once.
Hours after Dealth. rage of	lled in by the funeral director	1, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
incate he executed within 24	physician and completely fil	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her traumatic event, the
בחמונים חומו חובי חבשווו רבו ח	en signed by the attending	of Health and Mental Hygie	shows any injury, or other
Maria July Maria	The conficate has be	state Dept.	s marked, or item 23 s
ור ווספו ווער סוו או ד	HE FUNERAL DIRECTOR	ed within 72 hours after	ORTANT: If item 28 is

3	1. DECEDENT'S NAME (First, Middle, L ANNIE M.								2. DATE MONT		MY	YEAR 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-24-6432	5. SEX	6. AGE (In yrs. 74	lest birthdey)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE (Monti	OF BIRTH	-7	8. BIRTI	HPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, g	give street and number)			9b. CITY,	TOWN OF	R LOCAT	ION OF D		13-17	l ec cour	NTY OF E	
5	Liberty Medica					timo		ION OF D	LAIN		90. 0001	NITOFL	JEATH
DINECION	RESIDENCE OF DECEDENT	T		40. 00	Y, TOWN OF		200						
	MD ISS. SS				1 timo		ON						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1 00	T C TIMO		ZIP COD	E			10a CITI	ZEN OF 1	1XX YES 2 □ NO
I	2503 McCulloh S	Street				1 2	2121	7				USA	MINI COUNTAIT
מו ו סוגבווער	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		NT EVER IN U.S. 1 YES 2 S WAR OR DATES		11	yes, spec	olfy Cubi	OF HISPAI an, Maxica Specif	n, Puarto I	17 (Specify Ya	s or No-	E — American Indian, k, Whita, etc.	
	15. DECEDENT'S (Specify only highest (15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
	Elamentary/Secondary (0-12)	College (1-4 or 5		iii. Do NOT u Oster	sa retired.)		Di Porta						
	17. FATHER'S NAME (First, Middle, Last,	Carr					Ar	nnie		Aiddle, Meiden			
	19a. INFORMANT'S NAME (Type/Print) Elmo Winfield			2503	McCu1	11oh	St.	.7					
	20a. METHOD OF DISPOSITION Surial 2 X Cremetion 3 1	Removet from State	cemetery.	crematory or o	ther placel				DATI		CATION —		
	4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- Gree	enmoun				SS OF FA		ZIBal	timor	e, i	laryland
	1 40 0										1 -		
	23. PART i. Enter the diseeses,	or complications the	et ceused the	deeth. Do									
	23. PART i. Enter the diseases, ahock, pr heart fellu IMMEDIATE CAUSE (Finel disease pr condition resulting in deeth)	a	use on each II	vori	not enter t								Approximate Interval Between
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	1 - STATE REGISTRAR	SIALE OF MAKE	CERTIF	CATE	OF H	DEAT	AND	MENTA		_						
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	IOAIL	- 01	DEAI	-	2. DAT	REG. NO).		3. TIME OF DEATN				
	ROBERT	CLIFT	ON	W	ALL			MON	2 4	AY	9 9 4	9:47 P M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	iE (In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE	E OF BIRTN		S. BIRT	HPLACE (State or Foreign				
	214-80-6896	1 M 2 D F	32 YRS.	MONTHS	DAYS	HOURS	MIN.	08.	-18-1	959	Count	ryland				
	9s. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY,	TOWN O	R LOCATIO	ON OF D				JNTY OF E					
OHO	CENTER STREET	& SOUTH	STREET	R	ela	У				BA	LTIM	ORE Count				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Y, TOWN O												
J. H.	100-11-11	vard Count		lkri								10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	ard oodir	o'A T	TVLT	75.0	ZIP CODE				T	1 YES 2 NO					
ER/	5774 Railroad	Avenue				2122				lug, Ci	WNAT COUNTRY? USA					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13, V			1	NIC ORIGI	IN? (Specify Ye	a or No	14 DAC	E — American Indian,				
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 _ YE IF YES, GIVE WAR OR		li li	yes, spe	cify Cuben 2 XNO	i, Mexic	en, Puerto	Ricen, stc.)	0 110	Bisc	k, White, etc.				
ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18e. DECEDENT'S	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BU					b. KIND OF BU	SINESS/IN	DUSTRY					
LET	Elementery/Secondery (0-12)	College (1-4 or 5 +)					9									
MP	12th		Shipping Clerk Nationwic						nwid	de Paper Co.						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								Middle, Malden							
BE	Howard Clifto	n Wall							arue 1							
5	19s. INFORMANT'S NAME (Type/Print)								e Number, City or Town, State, Zip Code) Re, Elkridge, MD 21227							
	Ms. Kimberly A.	Wall	5774	Rai	lro	ad A	lve	nue,	,Elkri	Ldge	, MD	21227				
	20s. METNOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remo		Ob. PLACE AND DATE					DAT		LOCATION — City or Town, State						
	4 Donstion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		cometery cremetery of other place and Cem. 11-27Ellicott C.								City, MD					
	b on the or tone service electric	insec		22. N	IAME AN	ADDRES	S OF FA	CILITY	Slack	Fun	era	1 Home				
	23. PART I. Enter the diseases, or c		1100535		E	llic	cot	t Ci	ity, 1	Jary	land	21043				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):															
PHYSICIAN: MEDICAL CE	PART ii. Other algnificant conditions	contributing to death	but not resulting	in the unc	derlying	cause gl	ven in	Part I.	246. WAS AN PERFOR	AWAILABLE PRIOR TO						
10		HOSPITAL:		OTHER		CE OF DE	ATN (Ch	eck only o	ne)							
IYS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Ou		4 - Nursi	ng Nome	5 🗆 Resi	idencs		er (Specify) R			TRACKS				
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY	28c. INJU WOR	K?			SCRIBE NOW I							
BY	2 Accident Investigation	11-24-1				S 2 X	NO		JECT			RUCK BY TRA				
COMPLETED	3 Suicids 6 Could not be determined	building, etc. (Sp	RY — At home, ferm, a pecify) ILROAD					City	or Town, State)		or Rural F UTH	COL				
APL	290. CERTIFIER (Check only 1 CERTIFYING PNYSIC	IAN: To the best of my kno	owledge, death occurre	d at the tin	ne, date a	nd place, s	and due	to the car	use(s) and man	ner se ata	ted.					
Ö		On the basis of examinat	ion end/or investigatio	n, In my op	inion, de	oth occured	d at the	time, date	and place, an	d due to th	ne ceuse(s	i) end manner es stated.				
BE	296. SUBNATURE AND TITLE OF CERTIFIER	1000 000	,			29c. LICEN	ISE NUI	ABER		29d. DAT	E SIGNED	(Month, Day, Year)				
10	// Ellon	weekly (о.с.	M .]	E		1	1-25	5-1991				
	TURON USCLE	COMPLETED CAUSE OF D			N S'	TREE	T 1	BALT	IMORE	, MA	RYLA	AND 21201				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE													
	NOV 2	9 1991 Ju	hie Devidson-	Moulan												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMN-16 Rev 1/89

10 The Title all the products about data and the velocatelle trace MOA 5 2 1551 Property States FOR

TO THE HOSPITAL OF RITERIOUS HAS DESCRIBED THE SENTENCE OF THE MEMBER OF SENTING STANDARD FOR THE MEMBER OF THE BOARD STANDARD OF THE MEMBER OF THE SENTING PROPERTY. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLES DE	ENNIS W	ILHELM		2. DATE OF DEATH MONTH NOV. 26		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 213-10-4143	1 💢 M 2 🗆 F	7 3 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	3. BI	RTHPLACE (State or Foreign wintry) Varyland					
TOR	96. FACILITY NAME (If not institution, give s 8645 QUENTON RESIDENCE OF DECEDENT				MORE	EATH	9c. COUNTY O	timore					
FUNERAL DIRECTOR	9	ltimore		altimo				10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
NERAL	8645 Quentin R	d.		10	2123	/i	USA	OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yee, ep	ENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	В	ACE — American Indian, lack, White, atc. pecify White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life, Do NOT use 1 11 S p e	ork done during mo retired.)	ON st of working	AUTO 1							
BE	17. FATHER'S NAME (FIRST, MIDDIO, LOST) Jacob C. Will 190. INFORMANT'S NAME (Type/Print)	nelm			Вlа	ME (First, Middle, Maiden NCNE M.	Wilhel						
5	Margaret W. Wi	20h		645 Qu	entin A		timore	, Md. 2123					
	1 % Burlal 2 Cremation 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LIQ	ENSEE)	elely, Elemanory or Bi	aptist 22. NAME AI	Church		rkton, 1	MD					
	James F.	burnside,		650	J York	iedefeld Rd. Balt	timore	inc. , Md.21212					
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF):												
BY PHYSICIAN: MEDICAL (PART II. Other monificant conditions Parkin	c prai	at not resulting in	A Company of the Comp	cause given in i	Pert I. 24s. WAS AN PERFOR	MED?	NAME OF THE PARTY					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PL OYHER: 4 □ Hursing Hum	ACE OF DEATH (Chi								
IY PHY	27. MANNER OF DEATH Natural S Pending Investigation	28s. DATE OF BUJURY (Month, Clay, Year)	200. TIME INJU	OF 28c HLJ RY WO		8 C Other (Specify) 284. DESCRIBE HOW IN	JUNY OCCURED						
	3 Suitside 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, bern, st	reel, fectory, affic		28f. LOCATION (Street at City or Yours, State)	nd Number or Rus	al Ploute Number					
COMPLETED	29a. CERTIFIER CERTIFYING PHYSIC (PM)	CLAN: To the best of my knowle t; On the basis of examination	edge, death occurred	I at the time, date , in my opinion, d	end place, and due	to the cause(e) and man	ner as stated.	e(4) and mariner as stated.					
TO BE C	296. BIQNATURE AND TITLE OF OUTTINESS		mD		29c LICENSE NUM			127/9)					
	Monammed Khan				Blvd. Ba	altimore.	Md.	21239					
	NOV 2.9 1991	Jana Dandras Signa											

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		STATE OF N	MARYLAND	CERTIF	ICAT	E OF	DEAT	AND I		REG. NO			
1. DECEDENT'S NAME (Firs									2. DAT	E OF DEATH N	QV.20	6,1991	TIME OF DEATH
NATALII		RUTH			CZYI	NSKI			1	26			6:40 A
011-38-69		5. SEX	6. AGE (In yrs	last birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS.	(Mo	E OF BIRTH oth, Day, Year) LY 17,1	057	Country)	ACE (State or Foreign ACHUSETTS
9a. FACILITY NAME (If not i	nstitution, give s	street and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	EATH	31		INTY OF DEA	
SHOCK	TRAUI	MA UNIT)	BALI	IMO	RE (CIT	Y			
RESIDENCE OF DE	10b. CDUNT	Υ		100 CIT		OR LOCAT							
MARYLAND	HAD	FORD		100.011		REET	ION						Dd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		LOKD			51.		ZIP CODE						YES 2X NO
441	8 MADO	NNA ROAD				105		154					AT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ABMED	13.	WAS DEC			IIC ORIG	IN? (Specify Year		.S.A.	American Indian
1 Never Married 2 X	2X Married FORCES? 1 YES 2 XNO II yes, specify Cuban, Maxican, Puarto Ricen, stc.)						Black, \Specify:	Black, White, etc. Specify: WHITE					
15. DEC	EDENT'S EDU	CATION completed)	18a. (DECEDENT'S	USUAL O	CCUPATIO	N		10	Sb. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5 +)	(Give kind of life. Do NOT u	se retired.)			g					
NA		NA]	REGIS'	rerei	D NUI	RSE			HOSPI	TAL		
17. FATHER'S NAME (First, A										Middle, Maiden	Surneme)		
LAWRENCE I		R WHITE						INE I					
19e. INFORMANT'S NAME ((HUSBAN	D) 1							mber, City or Tow			
JOSEPH F. V		NSKI III), S'	TREE	T, MAR	YLAN	D 21	.154
20s METHOD OF DISPOSIT	on 3 🗌 Ram	oval Irom Stale	20b. PLACI	erematory or o	of DISPOS	SITION (Na	ne of		DA	TE 20c. LO	CATION	City or Town	, Stata
4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENCEE	HIGH	VIEW N						FAL	LSTO	N, MAR	RYLAND
	/	1 11	,		22.	SCHI	MUNE	K FI	INER	AL HOM	FC .	TNC	2122
23. PART i. Enter the d	- 7	1 Colle	-			9705	BEI	AIR	ROA	D, BAL	LIMOI	RE, MA	RYLAND
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated eventa resulting in death) LAS	diate	b DUE TO (OR AS A CONSI	EQUENCE OF	F): F):								
PART II. Other algnitica	nt condition	a contributing to	death but not	resulting	in the un	deriying	cause g	iven in I	Part i.	24e. WAS AN PERFOR	MED?	AV CC OF	ERE AUTOPSY FINDIN ALLABLE PRIOR TO DMPLETION OF CAUSI OBATH? YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSSITA					ICE OF DE	ATH (Che	ck only o	ne)			
1XIXES 2 □ NO		HOSPITAL: 1 ☐ inpetient X X	ER/Outpatient	3 DOA	OTHER 4 Num		5 🗆 Rae	ildence (6 🗆 Oth	ar (Specify)			
	Pending Investigation	1 1 2 6	y. Year) 199	15:32	E OF URX + A M	28c. INJU WOF 1 Y	K? VY	NO		SCRIBE HOW IN		CURED AN/TR	IMPACT
3 Suicida 8	Could not be	28a. PLACE OF building, a	INJURY AI h	ioma, Jerm, e	trant, lact	ory, office			28f. LO	CATION (Street a			
4 Homicida	daterminad		RETTS	VILLI	EPI	KE			_	IARFOR	D C	OUNTY	
		CIAN: To the best of r											nd menner ee ateted
29b. SIGNATURE AND TITLE			VI)		T	29c. LICEI		BER				onth, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSI	E OF DEATH (IT			0.5	D 70 70 7			0.7.1.0			
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR	'S SIGNATURE	Distriction	LIVIN	SI SI	REEI	В	AL.	LIMURE	, MA	KYLAN	ID 2120

BALTIMORE, MARYLAND 21215-0020	ge 6 may be retained by the hospital or attending phys	firector, page 5 should be detached for use as the buri	r must be notified at once.
BALTII	iours after death. Pa	d in by the funeral of or removal.	medicai examine
F VITAL RECORDS, P.O. BOX 68760,	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-so the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
F VITA	SICIAN: The	certificate h	f, or item
	80	-	707

OR ATTENDING PHYSICIAN: The law requires that in DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or item 23 shows any I

DIVISION OF VITAL

HOSPITAL FUNERAL within 72 h =

TO THE HOSPITATO THE FUNERA DE filed within 7, IMPORTANT: IN

31. DATE FILED (Month, Oay, Yeer)

29

permit.

burial-transit

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Blanche B. Wright YEAR 3.00 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Jan. 3, 1904 1 M 2 F 184-24-5216 MONTHS DAYS HOURS 87 VRS Penna. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. CDUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore XX YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 710 W. 40th St. #201 21211 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—
If yas, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 N Widowed 4 Divorced Specify White 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done tife, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) NA NA Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Bixler BE Myrtha Neyhart 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Dorothy W. Sutton (Dghtr) 627 Melville Ave., Baltimore, Md. 21218 20s. METHOD OF DISPOSITION

1 Duriel 2XXCremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metro Crematory Inc. Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 23. PAST. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata ahock, or heart failure. List only one cause on each line. Intarval Batwean IMMEDIATE CAUSE (Finsi **Onset and Daeth** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Prelimon CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF if any, lasding to immediate cause. Enter UNDERLYING Fracture WIG CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Oay, Year) 28b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28s. PLACE OF INJURY — At home, farm, atreat, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Oay, Year) MD 91 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OLAS

32. REGISTRAR'S SIGNATURE

Tulia Day doon Mandall

DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First	_	В.	Wright						MONTH	of CEATH 27,1	001	YEAR	3. TIME OF DEATH	
	- 3	4. SOCIAL SECURITY NUMBER	- 01	5. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDER 1 1	/EAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	.JJL	A RISTHP	LACE (State or Foreign	
pinods		218-28-324 9a. FACILITY NAME (# not in		1 M 2 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.	11,19	32	Country)	ginia	
2, 3 sh	LOR	5943 Loi	celev	Beach Ro	ad		96. CITY, TO		iddl					SAlti		
Pages 1,	DIRECTOR	10a. STATE Md.	10b. COUN	Baltimo	re	10c. CIT	ry, town or Mi		le R	iver					IOd. INSIDE CITY LIMITS?	
permit.	AL D	10e. STREET AND NUMBER							ZIP CODI						YES 2C NO	
. is	ER/	5943	Torel	ey Beach	Road			101.		2122	0		10g. CITI	USA	IAT COUNTRY?	
215-0020 attending physician. se as the burlal-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	Married	12. WAS DECEDEN	NT EVER IN U.S. AR 1 YES 2 1 WAR OR DATES		If y	es, spe	ENDENT C	of HISPAI	NIC ORIGIN	(Specify Yee Icen, stc.)	or No-	14. RACE -	- American Indian, White, etc.	
attending ase as the	ED		EDENT'S EO		16a, DE	CEDENT'S	USUAL OCCI	IPATIO	N N		165	KIND OF BUS	THE SECULIA	HETRY	White	
TZ III or III Jor III		(Specify only Elementery/Secondary (0	highest grac	College (1-4 or 5	(G	ive kind of Do NOT u	work done duri	ng mos	t of working	ng	160,	KIND OF BUS	SINE 55/IND	USINY		
	MPL	8th				Mach	ine Op	era	ator			C&S G	raphi	ics I	nc.	
de the	COM	17. FATHER'S NAME (First, M							18. MOTH			iddle, Maiden	_			
should be	BE	Otis 19a. INFORMANT'S NAME (7		Wright								Buzza				
	2	Joan Wrice			19		ADDRESS (S								21220	
HE, nay be		20a. METHOD OF DISPOSIT	ON		20b. PLACE	ANDDATE	OF DISPOSITION	ON (Nan	ne of		DATE		altimore Md.			
Page 6 mail director, p		4 Donetton 5 Other (Specify) BAltimore Months of Donetton Specify Donetton State Holly Hill Cemetery 11/30/91 BAltimore M														
EALLINORE, er death. Page 6 may be the funeral director, page val.		21. STENATURE OF FUNERAL	SERVICE L	CENSEE	111				ADDRES			ome 30	OMAGE	Ave.	21221	
after after by the moval.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate														
24 hours filled in tion, or re the med		ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	art ranure.	List only one cau	use on each line		not enter th	e mod	ie or dyl	ng, auc	n aa card	ac or reapi	ratory arre	est,	Interval Batween Onsat and Dasth	
executed within and completely o burial, crematic event, the		resorting in death)			AOR AS A CONSEC		F):								25 WOULP	
S = = =	CATION	Sequantially list conditi		b. S MS	OR AS A CONSEC	DUENCE O	F):								yean	
physicate prie pri	FICA	CAUSE (Disease or injuthat initiated evanta		cDue to	(OR AS A CONSEC	DUENCE O	F);									
ath cert tending al Hygie	CERTIFI	resulting in death) LAS	1	d												
the degree the degree the degree the degree de degree degree degree degree degree degree degree de degree d	. 11	PART II. Other algnifica	nt conditio	ns contributing to	death but not n	eauiting	in the under	rivina	Cause o	iven in	Part i	ZAn WAS AN	AUTOPCV	Took W	ERE AUTOPSY FINDINGS	
requires that been signed by of Health an	: MEDICAL										n Part I. 24s. WAS AN AUTOPSY PERFORMED?				WHILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
13 e s a	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL				-	6. PLA	CE OF OE	EATH (Che	ock anly one			1_		
SICIAN: The certificate h the State C	Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:					****				
re sit is	ВУ РНУ		Pending	28e. DATE OF (Month, D.	INJURY	28b. TIM	E OF 28	WOR	RY AT			RIBE HOW IN	JURY OCC	URED		
TTENDI TTOR: A after di	ETED B	3 Suicide 6 0	Could not be etermined	28e. PLACE O building,	F INJURY At horelc. (Specify)	me, ferm, s	street, factory,	offica			28f. LOCA City of	TON (Street et Town, State)	nd Number o	or Rural Rou	te Number,	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COMPLE	29e. CERTIFIER (Check only one) CERTIFIER 2 MEDIC	FYING PHYS	ICIAN: To the beal of ER: On the beels of ex	my knowledge, des	sth occurre	ed at the time,	date a	nd placa,	and dua	to the caus	e(e) and meni	ner sa steta	d.	nd manner on stated	
THE HOSPI THE FUNEF filed within PORTANT:		296. SIGNATURE AND TITLE						-	29c. LICE						onth, Day, Year)	
TO THE De filed IMPOR	TO BE	Jan	8	mllen	an M	۵			03	20	192		▶	1291	GI	
16	-	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAUS	P 44 4 40		1				0 1			1-11		
12	-	31. DATE FILED (MONIN, Day, Y	9 199	32. REGISTRA	R'S SIGNATURE		elair	R	wad		Dall	IMORG	M	0	21236	
		HUY &	0 133	- Juna	Davidson-A	andres	2_									

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME	NT OF HEALTH AND TE OF DEATH		GIENE	
1	1. DECEDENT'S NAME (First, Middle, Lest) BOBB/4	- ZILL	Bobbi	e Zill	2. DATE OF DI		YEAR 991 4:45 A
1	4. SOCIAL SECURITY NUMBER 408-58-9830 90. FACILITY NAME (If not institution, give stre	1 - M 2 VF 50	YRS. MONT			25-40 1	NASHVILLE TN
DIRECTOR	3522 BUCKBO	ARD LANE		iddle River	PEATH	77.	Y OF DEATH
	100. STATE 100. STATE 100. STREET AND NUMBER	TIMORE		dle River			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3522 BUCKBU	DARD LAN	IE	2/25	20	U	SA
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	NO	13. WAS DECENDENT OF HISP, If yes, specify Cuben, Mexic 1 YES 2 NO Specify No	cen, Puerto Rican,	etc.)	A. RACE — American Indian, Black, White, etc. Specify: White
APLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	TION 16e (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire House	ne during most of working d)		of Business/Indus	STRY
BE COMPL		MAGGARIS		MA	AME (First, Middle,	PHIL	LIPS
10	190. INFORMANT'S NAME (Type/Print)		3522	BUCKBOAN	. / /		173 MD 2122
- 14	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remov 4 Donalion 5 Other (Specify)	of from State Cemetery	ceand date of dise crematory or other pla n Mount	rematory	4 - 14	20c. LOCATION — CII 91 Balt	y or Town, State imore, Md.
	21. SIGNATURE OF TUNERAL SERVICE LICES	wylyno	he	Pruzdzinski 1407 Eastern			e, Md. 21221
CERTIFICATION	disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONDUE TO (OR AS	ABUSE ABUSE ABUSE	KTIVE PI	ILMON	ARY DS	Onact and Death
MEDICAL O	PART II. Other algnificant conditiona OSTEOROSO VERTEBRAL	5			F	VAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:		IOSPITAL:	ОТН				
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		HOW INJURY OCCUR	DED
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street, fo		28f. LOCATION (Street and Number or (, State)	Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge,	death occurred at the	time, data and place, end due	to the cause(s) e	nd manner es atated.	
BE	296. SIGNASHIRE AND TITLE OF CERTIFIER	/C. Monor	~	H.D. Doffery			GNED (Month, Pay, Year)
10	NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEATH (I		Exim		A W	28/7/
	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGNATHE	7/01	FRANKLIN SO	LTIMOR	E,MD Z	1237

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

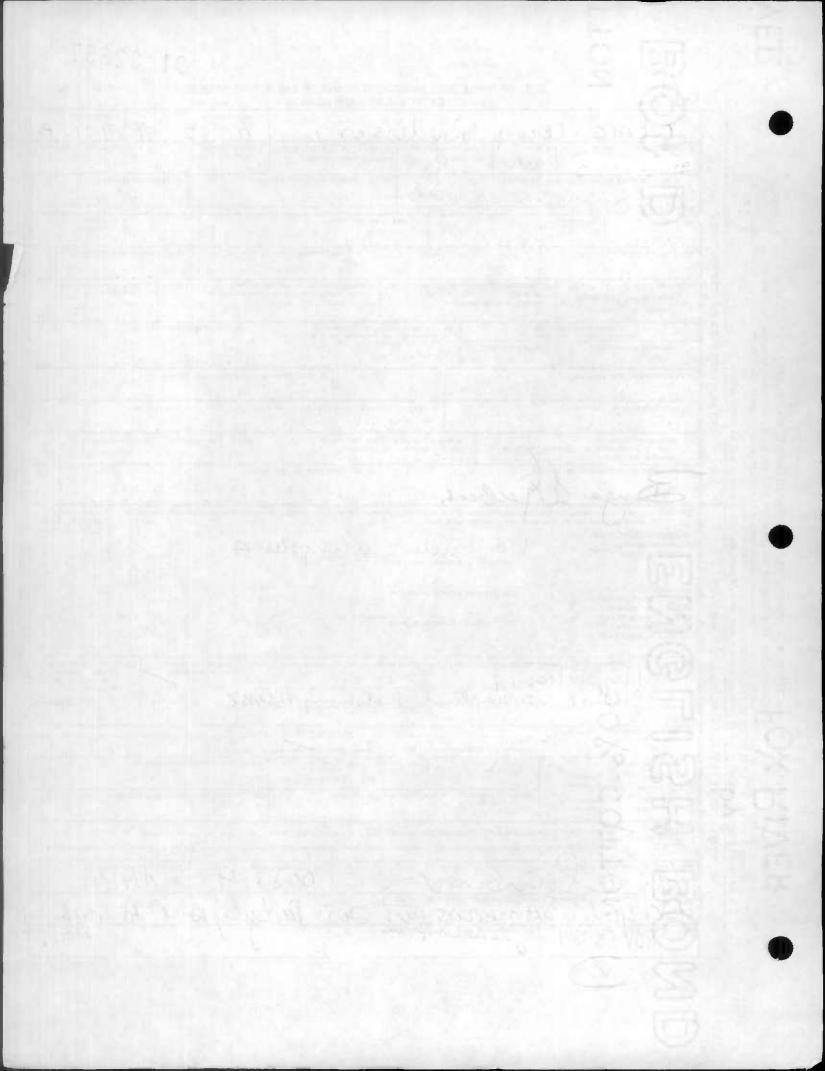
1	FOR STATE REGISTR
	1. DECEDENT'S
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFIC	CATE OF I	DEATH	REG. NO	D.	
1. DECEDENT'S NAME (First, Middle, Last)		A .			2. DATE OF DEATH	244	3. TIME OF DEATH
OSCAR2 1	erroy)	Audin	ser	7	MONTH I	3 91	7:17 P.
, SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	N M 2 D F			HOURS MIN.	(Month, Day, Year)	Coun	try)
7.9-13-9593		10			ISept. 25,	1915 Ma	
FACILITY NAME (If not institution, give sti			b. CITY, TOWN OR	LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
Home Arundel	Medicar Co	SUIGK	Annapol:	is		Anne Ar	undel
RESIDENCE OF DECEDENT							
De. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?
Marvland Anne	Arundel	Anna	polis				1 TYES 2 NO
o. STREET AND NUMBER				IP CODE		10g. CITIZEN OF	WHAT COUNTRY?
716 Black Forrest	Dd		2	1401		II C	A
I, MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Ye	na or No 14. RAI	CF - American Indian.
☐ Never Merried 2 💢 Married	FORCES? 1 YES		If yes, spec	Ify Cuban, Maxica	n, Puerlo Ricen, etc.)	Ble	CE — American Indian, ck, White, atc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR I	DATES	1 U YES 2	NO Specifi	y:	Spe	white
15. DECEDENT'S EDUC	PATION	16a. DECEDENT'S US	CUAL COCURATION		Last VIND OF D	USINESS/INDUSTRY	
(Specify only highest grade		(Give kind of wor	rk done during most retired.)	of working	IBB. KIND OF BI	OSINESSANDOSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)						
9		electrici	.an		U.S. G	Governmen	t
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
Oscar Perry Ander	SOR			Edith !	Pearl Smit	h	
DE. INFORMANT'S NAME (Type/Print)	5011	19b, MAILING A	DDRESS (Street and		Route Number, City or To		
Norma Ruth Anders	0.0	and the same of th					101
					Annapolis		
De. METHOD OF DISPOSITION Burlel 2 D Cremetion 3 Hemo	oval from State	b. PLACE AND DATE Of cemetary, crematory of	r other place)			OCATION — City or	
□ Donation 5 □ Other (Specify)	Me	etropolita	n Cremai	tory 1	1/5/91 Ale	exandria.	VA.
HOGHATURE OF FUNERAL SERVICE LIN	ENSEE		22. NAME AND	ADDRESS OF FA	CILITY	/200 C :	. 1 1 0 1
ET 1	14 . 1	1					tland Rd.
Danja 1	expa	ch	Robert	E. Will	nelm, Inc.	Suitland	, MD. 20746
Sequentially liet conditions, f any, leeding to Immediate	b	A CONSEQUENCE OF):		ng Hi	NA.		
cause. Enter UNDERLYING CAUSE (Disease or Injury	c.						
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in deeth) LAST							
PART II. Other significent condition	www.1 055kucl					ORMED?	No. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	C351WG	mer 1	una	7 1/13	Mark		1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			28. PLA	CE OF DEATH (C)	heck only one)		
EXAMINER?	HOSPITAL:	to all and 2 DOA	OTHER:		8 Other (Specify)		
7. MANNER OF DEATH							
1 Natural 5 Pending	(Month, Day, Year)		RY WOR	IK?	26d. DEŞCRIBE HOW	INJURY OCCURED	
2 Accident investigation			M 1 🗆 YI	S 2 NO			
3 Suicide 8 Could not be		TY - At home, farm, att	reet, factory, office		281. LOCATION (Street	at and Number or Rurs	/ Route Number,
4 Homicide determined	building, etc. (Sp				City or Town, Star		
Do. CERTIFIER		100			1	_	
(Check only	CIAN: To the best of my kno						
2 MEDICAL EXAMINE	R: On the basis of examinat	ion and/or investigation,	, in my opinion, de	ath occured at the	time, data end place,	end due to the ceus	e(s) and manner se stated.
96. WENATURE AND TITLE UP CENTURE	R			29c. LICENSE NU	MBER .	29d. DATE SIGNI	ED (Month, Day, Year)
Min /X	MARKA	11		DOD	314	> n/4	1/01
CHANG GOT ADDRESS OF ACC	COMPLETED			000	- 1 1	111	11-13
1500 GD (Samer Samer	AS MO	205	- Ric	Laily K	Juy K	mozalis,
NUV 15 1991	32. REGISTRANTS SI	MABURE Mandale					12/40]





BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be relained by the hospital or attending physician. lied in by the funeral director, page 5 should be detached for use as the burial-transit p. or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TOTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit political within 72 hours after death with the State Deat, of Health and Mental Hydene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CE	RTIF	ICATE O	DEATH		REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF OEATH
	Charles Chri	stopher A	DAMS				MONT 11		10 1	991	4:00P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	t birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.		OF BIRTH	10 1		PLACE (State or Foreign
	430 18 0428	1 XXM 2 F	75	YRS.	MONTHS DAYS	HOURS MIN.	(Mont	ch 2	1916	Okla	y)
~ 1	9e. FACILITY NAME (If not institution, give				9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COU	INTY OF DE	
DIRECTOR	Doctors' Communi	ty Hospit	al		Lanh	am			Pri	nce (Georges
3	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
	Maryland Prin	ce George	S]	Bowie						LIMITS?
₹ I	10e. STREET AND NUMBER					Of. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
単川	2704 Keystone La	ne				20715			Uni	ted S	States
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS D	CENDENT OF HISPA	NIC ORIGIN	N? (Specify Y	as or No-	14. RACE	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			S 2 XNO Speci				Specif	v.
	15. OECEDENT'S EDU	CATION	16a DEC	CEDENT'S	USUAL OCCUPA	ION			HOW FOR MAN		White
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Git	ve kind of 1	work done during is se retired.)	nost of working	160	. KIND OF B	USINESS/INI	DUSTRY	
2	Elementally/Secondary (0-12)	College (1-4 or 5+)		spec	tor		11.	nited	Chah	- n-	1 TO T !
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			opec	COL	18. MOTHER'S N				es Pa	rk Police
	Joe Adams					1		wigole, Maige	n Sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS /Stree	Mill end Number or Rural		has Ciby To	04-4- 71	0.4.	
2	Marie S. Adams										
	20e. METHOD OF DISPOSITION				OF DISPOSITION	e Lane B			OCATION -		
	1 Buriel 2 X Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State	cemetery cred	natory or o	ther place) itan Cre		1	100			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Incere	POTI	22. NAME	AND ADDRESS OF FA	ACILITY	I A	Lexand	iria	Virginia
	Kalent E	6	· H		Beal	1-Evans	Fune				
-	23. PART I. Enter the diseases, pr	Count	S- 11	es	1600	0 Annapo	lis I	Rd. Bo	owie N	Mary1	and 20715
CERTIFICATION	ehock, or heert fallure. IMMEDIATE CAUSE (Finel dieesse or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST				045	functi lear t there si	re dist	pu mare mailu	lino exace	n or wo	Interval Between Onest and Daeth
MEDICAL	PART II. Other significent condition	e contributing to d	feeth but not re	sulting (in the underlyl	ng cause given in	Pert I.		N AUTOPSY PRMED? 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Ch	heck only on	10)			
\XSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Ho	me 5 - Rasidence	8 🗆 Other	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Day	NJURY (, Year)	28b. TIMI INJ	URY W	JURY AT ORK?	28d. DES	CRIBE HOW	INJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hon	ne, ferm, s		YES 2 NO	281. LOC	ATION (Street	end Number	or Rural Ro	oute Number,
	4 Homicide determined	ounding, a	и. (орвену)				City	or Town, Stete)		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of n	ny knowledge, dea	th occurre	n, in my opinion,	e and place, end due death occurad at the	to the cau	end piece, e	enner es atat	ed.	and menner as steted.
	29b. SIGNATURE AND TITLE OF CERTIFIE		AHEN	deire		29c. LICENSE NUI	MBER				Month, Day, Year)
BE	David a.	Boctol	m.	unn	/	7		63			
2 -		o COMPLETED CAUSE	DF DEATH (ITEM	27) (Type,	Print)	allant	_ F	in 1	13	BOWIE	and,
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE			allant		X	ane.	42. (1	18 20715

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DHMH-16 Rev 1/89

1 - STATE REGISTRAR		SIAIL UF I	MANTLA	CERTIF					MENIAL HY	YGIENE EG. NO.			
1. DECEDENT'S NAME (First, Mic	idle, Last)				TOM		DEA		2. DATE OF D				. TIME OF DEATH
RAMON		Anto	ine	I	L BU	RG	, JF	₹.	MONTH	0 9	199	EAR	0:09 A. M
4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH		-	ACE (State or Foreign
	,	M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 10/6			Country)	YLAND
9a. FACILITY NAME (If not institu	tion, give stree	et and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF D	,		9c. COUNTY		
PENINSULA (SENER	AL HOS	PITA	AL	WIC	OMI	CO				ALIS		
RESIDENCE OF DECED	ENT										11111	7 10 1	
10e. STATE 10e	b. COUNTY			10c, CI1	ry, TOWN	OR LOCA	TION					1	Od. INSIDE CITY LIMITS?
MARYLAND	WICO	MICO		SA	ALIS	BUR	Y					1	X YES 2 NO
10e. STREET AND NUMBER						10	H. ZIP CODI				10g. CITIZEI	N OF WH	AT COUNTRY?
1208 MIDDLE								80	•			SA	
11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	bein	2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO		If yes, sp	CENDENT Copecify Cuba S 2 1 NO	n, Maxic	NIC ORIGIN? (Spean, Puerlo Ricen, fy:	ecily Yea or etc.)		Specify:	- American indian, Whita, atc.
15. DECEDE	NT'S EDUCAT	ION		16a. DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND	OF BUSIN	ESS/INDUS		American
(Specify only hig Elementery/Secondery (0-t2)		mpleted) College (t-4 or 5 -		(Give kind of life. Do NOT u	work done se retired.)	during me	ost of working	ng		0. 500		****	
n/a				n/a	a					n/	а		
17. FATHER'S NAME (First, Middle	Last)						16. MOTH	HER'S NA	AME (First, Middle,	Maiden Sui	mame)		
RAMON ANTO	INE	ALBURG	, SF	2.			SH	IER (ONDA RI	EID			
19a. INFORMANT'S NAME (Type/	Print)			19b. MAILING	ADDRESS	S (Street i	and Number	or Rural	Route Number, Cit	y or Town, S	State, Zip Co	ide)	
Sheronda Re	id												. 21801
20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation		1.6		LACE AND DATE			ame of		DATE	20c. LOCA	TION — City	or Town	, Stata
4 Donation 5 Other (Spe		II TOM State	Sp	ringhil	ther place) I Me	mory	Gar	dens	11/14	Heb	ron,	Ма	ryland
21. SIGNATURE OF FUNERAL SE	RVICELICEN	BEE	12		22.	NAME A	ND ADDRES	SS OF FA	CILITY				
Matri	1 de	2000 -	Los	11									isbury,
23. PART I. Enter the disee	ses de/con	nnlicetions the	College	the death on	IR	t .	# 2,	Вох	920,	Jer	sey	RD	MD 2180
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST		DUE TO	(OR AS A C	CONSEQUENCE O	F):	m		Rail	U Se	gual	hal		Intervet Between Onset and Death
resulting in destily excel	d												
PART II. Other significent c	onditions o	contributing to	death but	not resulting	In the un	derlyln	g cause g	ilven In		WAS AN AU PERFORME YES 2	D?	OI DI	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	_						LACE OF DE	EATH (Ch	eck only one)				
1 XYES 2 NO		OSPITAL:	ER/Output	lent 3 DOA	OTHER		10 5 Re	aldenca	6 Other (Spec	cify)			
27. MANNER OF DEATH		28e. DATE OF (Month, De		26b. TIM	-	28c. INJ	URY AT		28d. DESCRIBE		JRY OCCUR	ED	
1 Natural 5 Pend 2 Accident Inves	ing tigstion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·y, 1001/	1190	M		YES 2	NO NO					
3 Suictde 6 Coul	d not be mined	26e. PLACE Of building,	F INJURY — etc. (Specify	At home, lerm,	street, lect	ory, offic			26! LOCATION City or Town	(Street and n, State)	Number or I	Rurel Roul	le Number,
29e. CERTIFIER (Check only one) 1 CERTIFYII 2 MEDICAL	EXAMINER: C	N: To the best of an	my knowled	ige, death occurre	n, in my o	lme, data pinion, d	and place,	end due	to the ceuse(e) a	and menner	r ea stated, ue to the co	ouse(s) s	nd manner as steted.
296. SIGNATURE AND TITLE OF	CERTIFIER	XX					29c. LICE	NSE NUI	Waen	21	9d. DATE SI	GNED (M	onth, Day, Year)
100	//	The	-				0.0	. М.	Е.		11-	10-	1991
34 MANE AND ADDRESS OF PER	SON WHO C		E OF DEAT			STR	EET	BAI	TIMORI	E MA	RYLA	ND	21201
31. DATE FILED (Month, Day, Year) NOV 1 4 19	31 4	32. REGISTRAI		URE									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev t/89

reef & CVOV

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF	DEATH		EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) LOUIS	Ε.			DDLE	2. DATE OF MONTH	DEATH	199Ĭ ^{EAR}	3. TIME OF DEATH 1:35 A M
	4. SOCIAL SECURITY NUMBER 216-05-6229	1 💢 M 2 🗆 F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF E (Month, Da Feb.11	y, Year)	8. BIRTI- Countr	PLACE (State or Foreign y) Md.
ОПРЕСТОЯ	9. FACILITY NAME (If not institution, give some memorial Hospita RESIDENCE OF DECEDENT				on Location of o	EATH	7	Allegar	
REC	10+. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	Md. A11	egany			, Rawlir	ngs			1 YES 2 NO
ERA	RFD 3			10	1. ZIP CODE 21557		10	g. CITIZEN OF V	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 VNO	If yes, s	CENOENT OF HISPA Decify Cuban, Maxico S 2 XNO Specif	an, Puarto Ricer	pecify Yee or I	Black	— American Indian, White, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. OECEOENT'S	USUAL OCCUPAT	ON ost of working	16b. KIN	D OF BUSINE	SS/INDUSTRY	
COMPLETED	Elementary/Secondery (0-12) Unknown	College (1-4 or 5+)	life. Do NOT us	e retired.)		Pa	aper M	lanufact	ure
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
BE	Louis H. 190. INFORMANT'S NAME (Type/Print)	Biddle	19b. MAILING	ADDRESS (Street	Del and Number or Rural	phia	Daytor	7-0-4-1	
2	Louis t.	Biddle			lings, M			rare, ZID Code)	
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem	oval from State CR	B PLACE ANODATEC	E DISPOSITION A	ame of	OATE		ION — City or To	wn, State
	4 Donetion 5 Other (Specify)	ENSE /	Philos	Cemete	ry 11-1	0+91	Weste	ernport.	Md.
	· Warne	Boal		Boa	1-Warnic Church	k Fune			015(0
	23. PART I. Enter the pseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cause on a	G CANGO					ory arreet,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF			re			
- 1	PART II. Other aignificant condition	s contributing to death it	out not resulting in	n the underlyin	a cause given in	Part I 24a	WAS AN AUT	ngey I au	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		NIL			g value great iii		PERFORMED YES 2 [34)?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 ANO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	ACE OF DEATH (Ch	eck only one)			
YSIG	1 TES 2 TO NO	HOSPITAL: 1 ☐ Inpstient 2 ☐ ER/Out		OTHER: 4 Nursing Hon	e 5 🗆 Reeldence	8 Other (Spe	ecity)		
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRICE 2 NO	28d. DESCRIB	E HOW INJUR	RY OCCURED	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	f — At home, farm, st cify)	reet, factory, offic		28f. LOCATION City or Tov	(Street and A vn, State)	Number or Rural R	oute Number,
COMPLETED	29. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCRETE P	CIAN: To the best of my know R: On the beels of exemination	rladge, desth occurre	d at the time, date	and place, and due	to the ceuse(a)	and manner	ee stated. a to the ceuse(a)	and manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	traf	Mb		29c. LICENSE NUM D 233		290	d. DATE SIGNED	(Month, Day, Year)
5	Dr. Dinesh Shah,	P.O. Box 13	ATH (ITEM 27) (Type. Bl., Pinto	, MD 2	1556			()	
	31. NUV 15 1991	32 DEGISTRAN'S GIGN	ndell						

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Memorial Hospital Cumber land 10a, STATE 10c. CITY, TOWN OR LOCATION W.V. Grant Bayard FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Box 204 Potomac St. 26707 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married II yes, specify Cuban, Maxican, Puarto Rican, alc.)

1 YES 2 XNO Specify: ВУ 3 Widowed 4 Divorced 淵 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION for use (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) the hospital be detached Mechanic 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at T. Luther Bowley urs after death. Page 6 may be retained by BE Clara 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1000 Pine Heights, Baltimore, Md. Adriann M. Callahan be 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 20a. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State

4 Donalion 5 Other (Specify) filled in by the funeral director, Omps Crematory 11-18-91 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eichhorn-McKenzie Funeral Home Jano E Me 1800 Lonaconing, Md. 21539 medicai 23. PART I. Enter the diseases, precomplicatione that ceueed the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, shock, or heart feilure. List only one ceuse on each line IMMEDIATE CAUSE (Final the disease or condition completely resulting in death) executed within event, and com other traumatic CERTIFICATION Sequentially list conditione, ending physician an Hygiene prior to b If any, leeding to immediate ceuse. Enter UNDERLYING pe death certificate CAUSE (Disease or Injury thet initieted evente resulting in deeth) LAST the attending p 0 Injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. that the MEDICAL s been signed by thept. of Health and A any The law requires Shows a PHYSICIAN: certificate has be 23 25. WAS CASE REFERRED TO MEDICAL item 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 7 ant 2 - ER/Outpetlant 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending DIRECTOR: After the hours after death witem 28 Is mark I YES 2 NO BY 2 Accident Investigation 3 Suicida 28a. PLACE OF INJURY — At homa, larm, street, factory, office building, atc. (Specify) 6 Could not be determined COMPLETED 4 Homicide The TIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE D 18769 2

T.

73

6. AGE (In yrs. last birthday)

YRS

CERTIFICATE OF DEATH

BOWLEY

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

91 32661 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 12:16 Am 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 11-12-1918 W.V. 9c. COUNTY OF DEATH Allegany 10d. INSIDE CITY LIMITS? YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, Whita, alc. specifyWhite 18b. KIND OF BUSINESS/INDUSTRY Oil Burner Belle Stonebreaker 20c. LOCATION -- City or Town, Stata Winchester, Va. Approximete intervel Between Oneet and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 24a WAS AN AUTOPSY PERFORMED? 1 YES 2 LNO OF DEATH? 1 YES 2 NO

281. LOCATION (Street and Number or Rural Routs Number,

29d. DATE SIGNED (Month, Day,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21502 Memorial Hospital, Cumberland, MD

31. DATE FILED (Month, Day, Year) NOV 20 1991

1 - STATE REGISTRAR

BALTIMORE, MARYLAND 21215-00

BOX 68760.

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RECORDS.

DIVISION OF VITAL

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

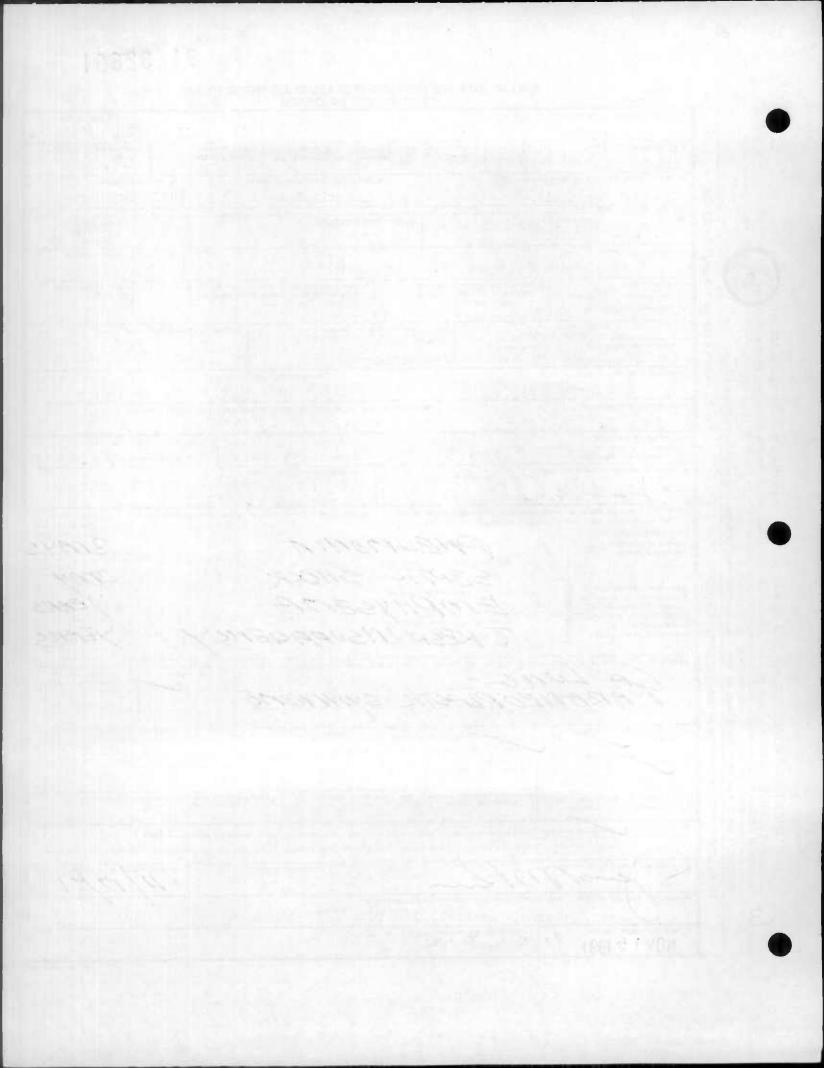
236-14-0884

ADRIAN

5. SEX

1 XM 2 | F

32. REGISTRAR'S SIGNATURE



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	DE)		CERTIF	ICATI	E OF	DEAI	H	REG.			2662
	MARK	AL	LAN		BRI	DGE	S		1 MONTH 1		9EAR	1:45 P
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	-1	8. BIRTH	PLACE (State or Forei
	215-92-1083 1 XX 2 F 25 YRS. MONTHS DAYS HOURS MIN.							MIN.	(Month, Day, Year) Country) 12-25-1965 MD			
~	9s. FACILITY NAME (If not institution, give		street end numPrATRICKS					N OF OE			NTY OF DE	
CTOR	BACK SEAT OF A		TARY			M	T SA	VAG	E	A	llega	anv
REC	10e. STATE 10b. COUN			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
0	MD A1	Llegany		M	t s	21120						LIMITS?
A	10e. STREET AND NUMBER	yy				avag	ZIP CODE			10g. CiTi	ZEN OF W	HAT COUNTRY?
VERA	Route 1 Box 19	25T.					2154	5		177	SA	
FUSN	11. MARITAL STATUS 1 XX Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. /	ARMED SANS	13.	WAS DECI	ENDENT OF	HISPAN	IC ORIGIN? (Specify	Yas or No-	14. RACE	- American Indian. White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	2777		1 YES		Specify			Specif	
ED	15. DECEDENT'S ED	DUCATION	18e, I	DECEDENT'S	USUAL O	CCUPATIO	IN .		15h KIND OF	BUSINESS/IND		white
E	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		(Give kind of ife. Do NOT u	work done	during mos	st of working		100. KIND OF	BOSINCSS/IND	USTRY	
APL	12			self-	emp1	oveć	3		Da	inter		
COMPL	17. FATHER'S NAME (First, Middle, Last)							ER'S NAI	ME (First, Middle, Maid			
BE (Howard W Br	ridges					7	Jano	v E. Mon	ran		
70	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS	(Street er	nd Number o	or Rural F	Route Number, City or	Town, Stete, Zip	Code)	
}	Mr. & Mrs. How	ard W. Bri	idaes	Sunr	vsid	e N	TD.					
	20a. METHOD OF DISPOSITION 1 XPGriei 2 Cremetion 3 Re	movel from State		E AND DATE		ITION (Na	me of		DATE 20c.	LOCATION —	City or Tow	vn, State
	4 Donetton 5 Other (Specify) Restlawn Memorial Park 11-21 LaVale, MD)
	22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home											
-	23. PART . Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSI	EOUENCE O	r): F):	e	Por	302	we			Onaet and I
CE	PART II. Other algolificant condition	d.	leath but not	resulting	n the un	dorlylpo	cause of	ton In f	Daniel Las una		1	
IN: MEDICAL		an out not	not resulting in the underlying cause given in Part					PERF	I. 24e. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FIND AWAILABLE PRIDE TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE					
175	1X XYES 2 ☐ NO 27. MANNER OF DEATH	1 Inpetient 2 I		_	4 🗆 Nurs	ing Home		denca X	Other (Specify)			AT OF A
/ PHY	1 Natural 5 Pending	28e. DATE OF IN (Month, Day,	, Year)	28b. TIM INJ	URY	28c. INJU WOR	RK?		Victim.o:			novida
BY	2 Accident Investigation 3 Suicide 8 Could get be	28e, PLACE OF	INJURY - At h	ome farm	A M		ES 2 X	NO	poisonin	g		
ETED	4 Homicide B Could not be	bullaring, at	е. (эреспу)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			St City Part Sie	Tck's	Cemet	tery
111	29a. CERTIFIER 1 CERTIFYING PHYS		obile	dant							Mary.	Land
7	29a. CERTIFIER [CIRCLE only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(s) end menner as stated.											
OMPLE	One) X X MEDICAL EXAMIN	X MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end men										and mennar es atat
COMPL	X MEDICAL EXAMIN		29b. SIGNATURE AND TITLE OF CEPTICIES									
BE COMPL	X MEDICAL EXAMIN		m()									Month, Day, Yeer)
E COMPL	29b. SIGNATURE AND TITLE OF CERTIFIE	beles	MD OF DEATH (ITI	EM 27) (Type.	Print)			O C M		29d. DATE		Month, Day, Year)
BE COMPL	X MEDICAL EXAMIN	beles	111 PI		Print)			OCM		> 11		

-	d	No.	
(/ Sept	demit of the	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 within 2 with reaching physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

should

	1. DECEDENT'S NAME (First, Middle, Last)	W. Q.				2. OATE OF OEATH MONTH DA	4	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	(2)	IRTHPLACE (State or Foreign
	375-26-4735	1 M 2 D F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	C	ountry) nnesota
TOR	90. FACILITY NAME (If not institution, give so GHAKP LAWH) 6 45 RESIDENCE OF DECEDENT	ville Hain	4	96. CITY, TOWN C	r LOCATION OF DE	ATH	Pre 17	ce George's
DIRECTOR	10a. STATE 10b. COUNTY	ce bear		TOWN OR LOCAT	10N	ro		10d. INSIOE CITY LIMITS? 1 XYES 2 ND
	10a. STREET AND NUMBER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	10200 Prince	e plac	e , #106		20772		U.S.A	
BY FUN	11, MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVI FORCES? 1 X Y IF YES, GIVE WAR C	YES 2 NO	If yes, sp		IIC ORIGIN? (Specify Year, Puarto Ricen, atc.)		RACE — American Indian, Black, White, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. OECEOENT'S U	ISUAL OCCUPATION ork done during mo retired.)	ON st of working	16b. KINO OF BU	SINESS/INOUST	RY
COMPLETED	Elamentary/Secondary (0-12) 12th Grade	College (1-4 or 5 +)		retired.)		Governm	ent Pr	inting Office
MO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden		
BE C	William	B. B1	rooks		Alice		Ericks	son
TO B	19e. INFORMANT'S NAME (Type/Print)					Number, City or Tow		
	Wyona Brooks							oro, Md. 20772
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Final 4 Donation 5 Other Specify)	oyld from State	other place) letropolita				exandri	a, Virginia
	21. SIGNATURE OF FUNETIAL SERVICE ALC		1	Too MARKE AN	ID ADDDESS OF FA	OH ITTY		Home, P.A.
	1/ Jack /=	1 Duch	aum					le, Md.20781
	23. PART I. Enter the diseases, or chock, or heart failure. IMMEDIATE/CAUSE (Final disease or condition resulting in death)	List only one cause of						Approximata Interval Batwaan Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):	le sve see.	lar prise.	ne	years
	PART II. Other algnificant condition	a contributing to dea	th but not resulting in	the underlyin	n cause alvan In	Part I. 24a, WAS AI	Vagerna	24b. WERE AUTOPSY FINDINGS
SAL	Cerebal Thom				g cause given in	PERFO	RMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE
MEDICAL	Represtry				hey	t 🗀 YES	2 KNO	DF DEATH?
ä		ľ						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
HYS	27, MANNER OF OEATH	1 Propetient 2 ER	URY 26b. TIME	OF 28c. IN.	URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	:0
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y			YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF IN- building, etc.	JURY — At home, ferm, at (Specify)	treet, fectory, offic		28f. LOCATION (Street City or Town, State	and Number or F)	lural Route Number,
COMPLETED	(CHOCK ONLY		knowledge, death occurre- nation end/or investigation					use(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	elas De,	pury mea		29c, LICENSE NUI	57	11-	GNEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WITH	10 COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type,	Print)	4 444	Moulle.	י הני	26781
	31. OATE FILED (Month, Pay Year) 1991	32. ARGUSTHARYS Juna Na	SIGNITTIME ST	2				

(D(VA)

WARTER Brooks 10 06 A1 840 6

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla be filled within 72 hours after death with the State Dept, of Heath and Mental Hydene prior to burlal, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Last) MAX			INDER	2. DATE OF DEATH DAY	91 11:45 PM M
	4. SOCIAL SECURITY NUMBER 578-46-5894 9a. FACILITY NAME (If not institution, give	1 M 2 D F	90 YRS,	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	(Month, Day, Year) 08-27-02	s. BIRTHPLACE (State or Foreign Country) Poland
CTOR	NORTH ARUNDEL I			GLEN BURNIE		A.A. COUNTY
DIRECTOR		te George's		town or Location		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8201 Steve Driv			101. ZIP CODE 20747		U.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 VINO	13. WAS DECENDENT OF HISP If yee, specify Cuban, Max 1 YES 2 NO Specify	city:	14. RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b. KIND OF BUSINESS/INI	
COMPLET	None 17. FATHER'S NAME (First, Middle, Last)	None	Auto Me		Automotive NAME (First, Middle, Meiden Surname)	Repair
TO BE	August Binder 19. INFORMANT'S NAME (Type/Print) Erika Tuerr				al Route Number, City or Town, State, Zip	
	20e, METHOD OF DISPOSITION ALBURIET 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF	DISPOSITION (Name of		City or Town, State
	21. SIGNATURENOF FUNERAL SERVICE LI	CENSEE	washington	22. NAME AND ADDRESS OF I	4308 Suitla	nd Road
	23. PART I. Enter the diseases, or ahock, or heart fallure.	complications that ceus List Drily Dria causa on	ed tha deeth. Do not each lina.	Robert E. Wi enter the mode of dylng, su	The Im. Inc. Sui	Interval Batwaan
	disease or condition resulting in death)		S A CONSEQUENCE OF:	ARY AR		Onaet and Death
SATION	Sequentially liat conditions, if any, leading to immediata cause. Entar UNDERLYING	b. SEVERY DUE TO (OR AS	A COMPENSE OF	ASTRIC U	T BLEEDIN	re-
CERTIFICATION	CAUSE (Disease or injury thet initiated avants resulting in death) LAST	DUE TO (OR AS	S A CONSEDUENCE OF):	75/7-12		
CAL	PART II. Other aignificant condition	na contributing to death	but not resulting in	the underlying causa given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDI					1 YES 2 NO	OF DEATH? 1 YES 2 NO
/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2XXNO	HOSPITAL:		28, PLACE OF DEATH (CTHER: Nursing Home 5 Reeldence		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME D INJUR	P 28c. INJURY AT WDRK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCC	CURED
8	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, stre	et, fectory, offica	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	ICIAN: To the best of my known. ER: On the basis of examinating	owiedge, death occurred a tion end/or investigation, i	it the time, data end place, end du in my opinion, daath occured at th	is to the cause(s) and manner as states time, date end piece, end due to the	ed. a cause(e) end manner ee statad.
TO BE		wywalo		29c. LICENSE NU D 24	748 DATE	E SIGNED (Month, Day, Year)
		ALA, M.D./13	307 CRAIN H	WY, S.E./GLEN	BURNIE, MD 2106	1
	31. DATE FILED (MONTH, Day, Year) NOV 1 4 1991	32, REGISTRAR'S SIG	idson-Randall		12	

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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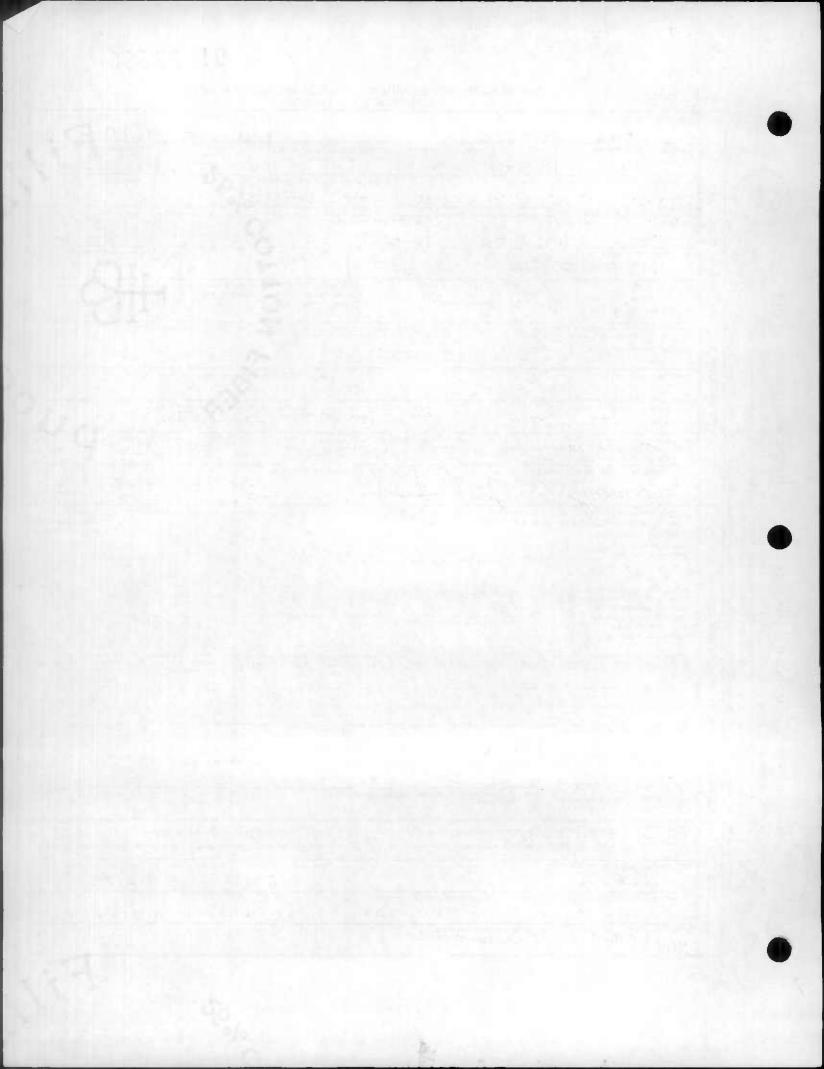
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE O	F DEATH	REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEA	TH
Mary Margaret	BAUMANN				NOVEMBER 1	100	YEAR	4:30 A	м
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	, 177	-	PLACE (State or Fi	inculan
577 40 2763	1 - M 2 - F	51 YRS. MO	NTHS DAY	B HOURS MIN.	Jan. 8 19	30	Countr	land	J. Orgii
9a. FACILITY NAME (If not institution, give s		-	CITY. TOW	N OR LOCATION OF E			INTY OF D		
DOGERODS COLORUST									
DOCTORS COMMUNITY	Z HOSPITAL		LANHA	M		PRINC	CE GE	ORGE"S	
10a. STATE 10b. COUNT	1	10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY	Y
Maryland Princ	e Georges	G1	enn I)ale				LIMITS?	NO
10s. STREET AND NUMBER	8			10f. ZIP CODE		10c CI	IZEN OF W	HAT COUNTRY?	NO
11410 Daisy Lane				20769				States	
11. MARITAL STATUS		IN U.S. ARMED	12 WAS I		NIC ORIGIN? (Specify Ya				
1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	ATER	If yes	specify Cuben, Mayle	an Puerto Bloom etc.)	s or No-	Black	American Indi White, atc.	an,
3 Widowed 4 Divorced	TES, GIVE WAN ON L	No No	1 1 1	ES 2 NO Spec	^{//y:} No		Specif	^y :White	
15. DECEDENT'S EDU		16a. DECEDENT'S USI	JAL OCCUP/	ATION	16b. KIND OF BU	ISINESS/IN	DUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during tired.)	most of working					
12		Homemake	er		Own He	ome			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHED'S N	AME (First, Middle, Maiden	Cumana			
Carl T. Johnson					L. MacInto				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street		Route Number, City or Tow		n Carles		
Lloseph C. Baumann					nn Dale Mai			760	
20a. METHOD OF DISPOSITION	201	b. PLACE AND DATE OF D			DATE 20c. LC				
1 XBuriat 2 Cremation 3 Ram	oval from State CO	netery, crematory or other	nlacel						
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	seorge wasi	22 NAME	AND ADDRESS OF F	ry 11-4-91	Adel	.pn1	Marylan	d
P1+6	6.				Funeral Ho	me. E	.A.		
DOLLIL C.	Wans	I res.	1600	00 Annapo	lis Rd. Boy	wie M	[arv]	and 207	15
23. PART i. Enter the diseeses, or o	Emplications that cause Drie	d the deeth. Do not	enter the i	node of dying, su	ch as cerdiac Dr reep	iratory ar	reet,	Approxim	ate
IMMEDIATE CAUSE (Final	List only one ceuse on e	ech line.						Onset and	
disease or condition regulting in death)	CONG	FITTUE	34	BOT C	011 1500	_		2 1	
rosoning in death)	DUE TO (OR AS	A CONSEQUENCE OF):	11 6	7	AILURE			30	Son
	- CARD	MARY	00	ZTERN	DISE	AL E	-		
Sequentially list conditions, if any, leeding to immediate		CONSEQUENCE OF:	- 7 -		3190	11001	mad.		
ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c.								
thet initieted evente	DUE TO (OR AS	A CONSEQUENCE OF):					-		
resulting in deeth) LAST	d.								
PADT ii Other elections condition									
PART il. Other eignificent condition					Part I. 24a, WAS AN		24b.	WERE AUTOPSY FI	
CHROMIC		YAL F		-abe	1 □ YES 2	2 NO		COMPLETION OF CO	
DIABET	15 ME	NTID	2					1 YES 2 P	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28.	PLACE OF DEATH (C	neck only one)				
1 YES 2 ONNO	HOSPITAL: 1 XInpatient 2 ER/Out		HER:	ome 5 Residence	8 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. I	NJURY AT	28d. DESCRIBE HOW I	NJURY OC	CURED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		YES 2 NO					
3 Suicida 6 Could not be	28a. PLACE OF INJURY	— Af homa, farm, stree	t, factory, of	fica	281. LOCATION (Street a	and Number	or Burat Br	nute Number	
4 Homicida datermined	building, atc. (Spec	спу)			City or Town, State)			,	
29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the horse of an								
(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	nedge, deeth occurred at	the time, de	nte and place, and due	to the cause(a) and man	nner as ats	led.		
	R: On the basis of exemination		my opinion	, death occured at the	time, date and place, an	d due to ff	na cause(a)	and manner as at	ated.
290 SUCHATURE AND WILE OF CERTIFIER	w m	11		29c. LICENSE NU	MBER	29d. DAT	ESIGNED	(Month, Day, Year)	
110001111		9		1914-	799	1	4/1	91	
SIL HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	1)	140 00	A16 6)	11	011	-
W 301.10-114	- NA 1 42		1100	47-10>1	HAE. 6	-IN	-01	14 6	~
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Rande B	2			633	. 5	613	

BALTIMORE, MARYLAND	ithin 2 iours after death. Page 6 may be retained by the ho	letely filled in by the funeral director, page 5 should be detacl emation, or removal.	nt, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the flud within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

4 DEGERENTIA MANER OF		CERTIF					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
Fax	Bruce			TITELL	11 0	5 9	17:40 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)		YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
400 44 4408	1 - M 2 - F	79 YRS.	WONTHS	Mrs Hoone Min.		10,191	2 Kentucky
9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, T	OWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
Greater Laurel Be	ltsville H	Ospital	Lau	rel, Maryl	and	Prin	ce George's
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		400 00	ITY, TOWN OR	LOCATION			10d. INSIDE CITY
					ne land		LIMITS?
Maryland Prin 100. STREET AND NUMBER	ce George'	S MI	tcnell	Lville, Mar	yrand	100 CITIZEN	1 M YES 2 ☐ NO
3405 Inverwoo	d Lane			10f. ZIP CODE 20721		USA	OF WHAT COUNTRY
11. MARITAL STATUS	12. WAS DECEDENT EV			AS DECENDENT OF HISPA yes, specify Cuban, Mexic		e or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Merried 2 Merried Widowed 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR DATES		YES 2 NO Speci			Specify: Black
15. OECEDENT'S EDUC		16a. DECEDENT			16b. KIND OF BU	SINESS/INDUS	TRY
(Specify only highest grade Elementary/Secondary (0-12)		tite. Do NOT	use retired.)	ring most of working			
Control of the contro	2 Yrs.	Cosme	tologi	LST	PVI	•	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Malder	Sumame)	
Irwin Holt				Ella	Taylor		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street and Number or Rumi	Route Number City or Tox	vn, State, Zip Co	de) 00701
Rev. William K.	Bruce	3405	Inver	rwood Lane	Mitchellvi	lle, M	D 20721
20a METHOD OF DISPOSITION Surjay 2 Ocremetion 3 Spamo	oval from State	20b. PLACE OF DISP- other place) MC	osition (Name	e of cemetery, crematory or Cemetery	20c. LC	ocation — city buisvil	le, Kentucky
FUNERAL SERVICE LIC		01001111		AME AND ADDRESS OF F	ACILITY		
Lumer	p no	01			J.B. Jen	kins F	uneral Home
Giming	6- 1-fle	er su	74	174 Landove	er Rd. Land	lover,	Maryland2078
Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE		bution			
cause. Enter UNDERLYING	C	AS A CONSEQUENCE	OF):				
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE					
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d		- 1- 11		- D-21 Law 1990	- Almonay	Law ware waren
CAUSE (Disease or Injury that initiated events	d		g in the und	larlying ceuse given I		N AUTOPSY PRMED? 2 NO	AVAILABLE PRIOR TO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d		g in the und		PERFC 1 R YES	RMED?	OF DEATH?
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d to def	eth but not resultin	отнея	28. PLACE OF DEATH (C	PERFC 1 R YES	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d to def	eth but not resulting	OTHER:	28. PLACE OF DEATH (C: ing Home 5 - Residence 28c. INJURY AT WORK?	PERFC 1 X YES Check only one)	PRMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetfant 2 28e. DATE OF IN.	eth but not resulting VOutpetient 3 DOA IURY 28b. 1	OTHER: 4 Nursl	28. PLACE OF DEATH (C: : ing Home 5 G Residence 28c. INJURY AT WORK? 1 G YES 2 NO	PERFO 1 R YES Check only one) ■ 8 □ Other (Specify) 28d. DESCRIBE HOW	PRMED? 2 NO INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 2 2 2 2 2 2 2 2 3 2 3 3	WOutpetient 3 DOA Weer) 28b. 1 Weer) 28b. 1 Weery At home, farm	OTHER: 4 Nursi	28. PLACE OF DEATH (C: Ing Home 5 Residence 28c. INJURY AT WORKY 1 YES 2 NO Wry, office	PERFO Reck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Rown, State) ue to the cause(a) and make time, data and place,	INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 25 25 25 25 25 25 25	A/Outpetient 3 DOA URY 28b. 1 USPY — At home, farm (Specify) knowledge, death occulantion and/or investigate	OTHER: 4 Nursi	28. PLACE OF DEATH (C: ing Home 5 G Residence 28c. INJURY AT WORK? 1 YES 2 NO iny, office me, data and place, and di plnion, death occured at til 29c. LICENSE N	PERFO RYES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stat) use to the cause(a) and met time, date and place, UMBER	INJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIE AMULE AMULE PART II. Other algnificent condition	HOSPITAL: 1 Inputant 2 Es. DATE OF IN. (Month, Dey.) 28e. PLACE OF Inbuilding, etc. ICIAN: To the best of my	NOutpetient 3 DOA URY 28b. 1 Vouchetient (Specify) knowledge, death occulination and/or investigate	OTHER: 4 Nursi	28. PLACE OF DEATH (C: ing Home 5 G Residence 28c. INJURY AT WORK? 1 YES 2 NO iny, office me, data and place, and di plnion, death occured at til 29c. LICENSE N	PERFO Reck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Rown, State) ue to the cause(a) and make time, data and place,	INJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Societient Societ	HOSPITAL: 1 Inputant 2 Es. DATE OF IN. (Month, Dey.) 28e. PLACE OF Inbuilding, etc. ICIAN: To the best of my	NOutpetient 3 DOA NOutpetient 3 DOA URY 28b. 1 Noviedge, death occulination and/or investigate OF DEATH (ITEM 27) (7)	OTHER: 4 Nursi	28. PLACE OF DEATH (C: ing Home 5 G Residence 28c. INJURY AT WORK? 1 YES 2 NO iny, office me, data and place, and di plnion, death occured at til 29c. LICENSE N	PERFO R YES Theck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State) ue to the cause(a) and make time, data and place, UMBER	INJURY OCCUI t and Number or e) enner as stated and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO RED Rural Route Number,



OHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.	10SPITAL OR ATTENDING PHYSICIAN: The law requires that the death c	THEORI DIDECTOD. After this sandiffered from hoos sinced in the second
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	1. DECEDENT'S NAME (First, Middle, Lest)		-		ICATI		DLA		REG. NO			
	Helen Ellen	BEAVER							NOV. 09.19		YEAR	3. TIME OF DEATH 2:58 M
٠.	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia:	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		a. BIRTI	HPLACE (State or Foreign
	579 36 4883	13€3XM 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN. N	IARCH 21001)1	908 1	HILL	YDELPHIA PA
-	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE	ATH	9c. COU	INTY OF D	EATH
PO	Doctors Community	1 Hospita	l		Lo	unha	m-Sec	abraca	ab	Phi	100	Georges Co.
ECI	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		I the CIT	Y, TOWN (210		The Control of the Co	
DIRECTOR		GEORGE					HEIGH	ITS				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1937 TANOW	PLACE				101	ZIP CODE	747		13.13		STATES
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES XX		11111	If yes, sp	ENDENT O	F HISPAN n, Maxicar Specify.	IC DRIGIN? (Specify Years, Puerto Rican, atc.)		14, RACI	E — American Indian, k, Whita, atc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	NC		16b. KIND OF BUS	INESS/INE	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) iife	DOM	MESTI		IST OF WORKIN	g	CL	EANI	NG	
0	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	AE (First, Middle, Maiden	Surname)		
BEC	WALTER	McROY						LILI	JIAN UNK.			
2	19a. INFORMANT'S NAME (Type/Print) WILLIAM BEAVER								RICT HGTS		20747	7
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remo	ovel from State	20b. PLACE cometery, cre WASH	AND DATE O	OF DISPOS	TTON (Na	me of	EM		CATION —		wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	енаур:	WASH	INGIC								
	· alex S.	tope (7.			ALE:	XANDE 7 PA	ER S AVE	POPE FUNE SE WASH D	RAL E C 20	HOME- 0020	-MD 859
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart feiture. If IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (Clerk CORAS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONS	DUENCE OF	hy no	por	rati	ia	encepho four			Approximate interval Batwaen Onset and Deeth
ERTIF	that initiated events resulting in death) LAST	DUE 10 (Chro	We of	m	uli	nor	racy	, hype	Nei	lèsa	
_	PART II. Other aignificant condition	a contributing to	death but not r	resulting i	n the un	derlylng	causa q	Iven in F	Part I. 24a. WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS
EDICA		ereal		onge			rear		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	mild an		enon	, 0	400		litle	188	1 TYES X	NO		0F DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	ocueft	Cova	luom	na							
S	EXAMINER?	HOSPITAL:			OTHER	t:			ck only one)			
PHYSICIAN:	1 VES 2 NO	1 Departient 2 1		28b. TIMI	-				Other (Specify)			
ВУ Р	1 Natural 5 Pending	(Month, Day			URY		RK?		26d. DESCRIBE HOW IN	JURY OC	CURED	
	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28s. PLACE OF building, a	INJURY — A1 ho	me, farm, s	traal, fact	ory, office			281. LOCATION (Street a City or Town, State)	nd Number	or Rural R	loute Number,
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of a	my knowledga, de amination and/or i	ath occurre	d at the ti	me, date	and place,	and dua t	o line cause(a) and men ime, data and place, and	ner as stat	ed. ia cause(a) and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Quit	agi	My			D c	NSE NUMI	BER 20	29d. DATI	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	IK K	· Ru	1571	461		6/3	2	Lando	nes	R	0
	31. DATE FILED (Month, Day, Year)	12. REGISTEAR	Davidson	- Rano	lees_			EALS?	y NI	4	700	00

		est)	,		2		DEATH		DATE OF DEATH	0.		3. TIME OF DEAT
	Georg	az Vi	alte.	1	Bou	ven	-		onth Ovember	DAY 13 1	991	1300
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER 24 H	s. 7. 0	ATE OF BIRTH	,,,	8. BIRTH	PLACE (State or For
	137-12-663	30 1)9 M 2 D F	70	YRS.	MONTHS	DAYS	HOURS M	N. (1	Month, Day, Year)	21	Country	20.16
	9a. FACILITY NAME (If not institution, gi	ive street and number)			9b. CITY,	TOWN O	R LOCATION C	F DEATH		9c. COU	NTY OF DI	EATH
DIRECTOR	PENINSULA G	ENERAL HOS	SPITAL		9	ATTO	SBURY			,	TTOO	(T.CO
5	100. STATE 10b. COU			I							WICON	TEGO.
JIRI	Vicaria Ac	comacl	+	100. (11	Y, TOWN OF	7	-					10d. INSIDE CITY LIMITS?
	10e. STREST AND NUMBER	- Contact		1	-1/	CO/	Lago	11				1 YES 2
RA	PM BN	111					ZIP CODE	01		10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN II S	ARMED	12 W		233	26			И.	S.H.
	1 Never Merried 2 Married	FORCES? 1	YES 2		- 11	yes, spe	cify Cuben, Ma	xican, Put	tiGiN? (Specify Y arto Rican, etc.)	aa or No	14. RACE Black	Amarican India , Whita, atc.
ВУ	3 Wildowed 4 Divorced		ESTAGES		1	U TES	2 PNO S	ecity:			Specif	NK'+
E	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	18e, I	DECEDENT'S (Give kind of	USUAL OCC	CUPATIO	N .		16b. KIND OF B	USINESS/INC	DUSTRY	7/1/1
E	Elementary/Secondary (0-12)	College (1-4 or 5 +		life. Do NOT us	se retired.)	aring mos	t or working					
MP	12			Po	lice				Baltim	ors C	ity 1	Policy 1
COMPL	17. FATHER'S NAME (First, Middle, Last)			0			18. MOTHER'S	NAME (F	rst, Middle, Meide	n Surname)	1	
BE		alter 13	ONCA	31			m	1dr	ed T	Kom	Pso	^
6	19a. INFORMANT'S NAME (Type/Print)	12		19b. MAILING	ADDRESS ((Street an	d Number or R	iral Route	Number, City or To	wn, State, Zip	Code)	
	Patricia 1	Drown		P.O.	1504	1/9	4 CK	200	Teaches	Va	33	3336
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 R	lemovat from State		E AND DATE		TION (Nan	ne of		DATE 20c. L	OCATION -	City or Tov	wn, State
	4 ☐ Donation ³ 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSE	Se	alist	ury	CI	emato	141	4/9/ 00	alisbu	114	Md.
	TONEHAL SERVICE	/ /		11	22/ N/	AME AND	ADDRESS O	FACILITY	11 1	33 CA	lure.	151
	Constan	ce daly	m Kg	non	Sa	lye.	rtun	eral	HAR C	Lines	7-1	w. e Va
	iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. DUE TO (oroni	Py SEOURINGE OF	Arta	enj	Pris	داء	cardiac or resp			Interval Ba
RTIFICATION	disease or condition	b OUE TO (OR AS A CONS	EQUENCE OF	long	L	Dis.	=0	e			Approxima Intarval Ba Onsat and Media
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FOR STATE REGISTRAR	TE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH	AL HYGIENE REG. NO.
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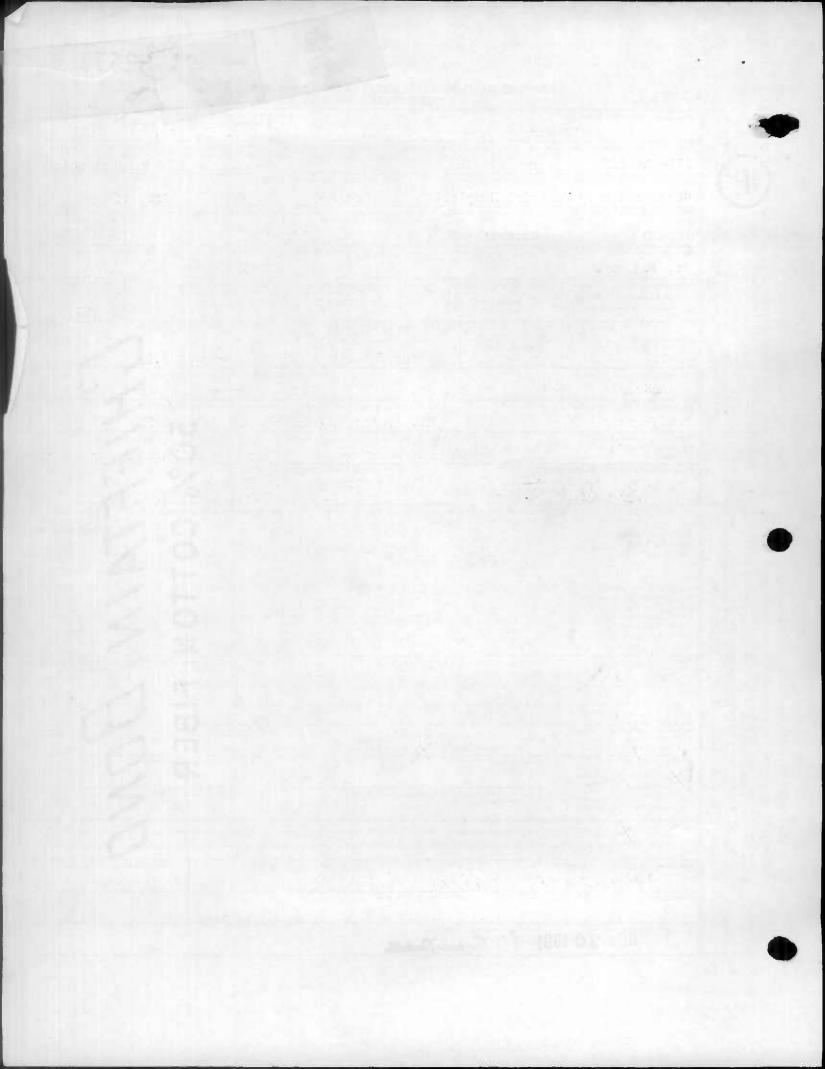
	1 - REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.		
	t. OECEDENT'S NAME (First, Middle, Last)	Powered				2. DATE OF DEATH	324	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 281-22-1879	1 🗆 M 2 💢 F	71 YRS. M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 7-20-1		8. BIRTH Countr Wes	
TOR	96. FACILITY NAME (If not institution, give str	111=-112/3	9	Salis	Bbury	ATH		COMI	
DIRECTOR	Maryland Wico			lisbu:					10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	1012 East Rd	Apt. 301			21801		U	.S.A	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, ep		IIC ORIGIN? (Specify n, Pueno Ricen, etc.)	res or No-	Spec	E — American Indian, K, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5+)	16e. OECEDENT'S US Give kind of wo life. Do NOT use Domest	rk done during mo retired.)	ON st of working	16b, KIND OF E		NOUSTRY	
M	12	‡ '	Domes	TC					
BE CC	Willie Louis W	agstaff			Mable	ME (First, Middle, Mald William	S		
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural I	Route Number, City or 1	own, State, 2	Zip Gode)	
	Andce Fisher		Rt. 1.	Box 2	1 Marde	la Spri	ngs,	Md.	21837
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo	val from State	PLACE OF DISPOSIT	ION (Name of cer	netery, crematory or	20c.	LOCATION -	- City or To	nwn, State
	4 Donetion 5 Other (Specify)		Gre	en Ac	res	Sa	lis.		
	21. SIGNATURE OF FUNERAL SERVICE LICE LILONGE B: S				ID ADDRESS OF FA		0	., .	t Rd. 1d.21801
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate ceuee. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		of U	la 40 -			4 mo Als
CERT	reculting in deeth) LAST								
MEDICAL	PART II. Other significent conditions	contributing to death be	ut not resulting in	the underlyin	g cause given in	PERI	AN AUTOPS ORMEO? 2011 NO	Y 24t	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	-		20 DI	ACE OF DEATH (Ch	ant anti-anti-			
[일	EXAMINER?	HOSPITAL:		OTHER:	1 /				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Output 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.		8 Other (Specify) 28d. OEŞCRIBE HO	W INJURY O	CCURED	
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, farm, atrast, factory, offica building, etc. (Specify)							Route Number,
COMPLE	ana)	CIAN: To the beat of my knowl							n) and menner es stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	/_	n.0.		29c. LICENSE NUI		29d. D/	ATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	-tin mos	145	erint)	10011 5	t., 501.	360	7,	mo.
6	31. OATE FILED (Month, Day, Year) NOV 1 4 1991	gilia Daydoon	fandell						

× TO BE COMPLETED BY FUNERAL DIRECTO

	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First,									2. DATE				3. TIME OF DEATN		
	Ste	even		BA	ALUCE	H			MONT			YEAR	8:00 A		
4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7, DATE	OF BIRTH		8. BIRT	NPLACE (State or Foreign		
377-03-4337		1 X M 2 - F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year) . 25,	1905	Pen	nsylvania		
9a. FACILITY NAME (If not ins	litution, give st	treet and number)			9b. CITY	r, TOWN (OR LOCATI	ON OF D		,		NTY OF			
Garrett Cou	ntv Me	morial H	lospita	1		akla	and				G	arret			
RESIDENCE OF DEC	EDENT		обраса			, (1111					1 00				
10a. STATE	10b. COUNTY			10c. CIT	ry, town	OR LOCAT							10d. INSIDE CITY LIMITS?		
MD		Garret	t				0ak	clan	d				1 X YES 2 NO		
10e. STREET AND NUMBER						10	f. ZIP COD				10g. CIT	IZEN OF	WNAT COUNTRY?		
Rt. 1, Box	4								21550)			USA		
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.							N? (Specify Yes Ricen, etc.)	s or No-	14. RAC Blac	CE — American Indian, ck, White, atc.		
1 Naver Married 2 3 Divor		IF YES, GIVE Y	MAR OR DATES				2 (X NO			,,		Spe	White		
15. DEC	DENT'S EDU			. DECEDENT'S	USUAL O	CCUPATION	ON		168	. KIND OF BU	SINESS/IN	DUSTRY	WIIILE		
(Specify only Elamentary/Secondary (0-	highest grade	completed) College (1-4 or 5		(Give kind of life. Do NOT L	work done ise retired.)	during mo	ost of worki	ng							
7th	-12)	College (1-4 or 5	+)	Owne	er/Op	nerai	tor		,	Tavern	/Sers	rice	Station		
17. FATNER'S NAME (First, MI	ddie, Lest)			0 1111	-170	JC L a	7	NER'S N		Middle, Maiden		100	beacion		
Andrew		Р	Baluch,	Sr.				ary	-			Janos	eick		
19a. INFORMANT'S NAME (7)	(no/Print)		aruen,		C ADDRES	S (Street)			Bouta Nur	ber, City or Tow			313K		
Paul Tasker	parting									arylan		1550			
20a. METNDD OF DISPOSITI	ON		non no	ACE OF DISPO									Town, State		
1 X Burial 2 - Crematio	n 3 🗆 Rem	oval from Stata	oth	er place)			rinoten y, Gren	matory or					ennsylvani		
4 Donation 5 Dother	opedity)							SS OF F	ACILITY						
4 Donation 5 Other 21. SIGNATURE OF FUNERAL		CENSEE			22.	. NAME A	ND ADDRE					e			
		CENSEE	0		22.	Ste	wart	Fun	eral	Home					
21. SIGNATURE OF FUNERAL 23. PART I. Enter the di	aaases, or eart fallure.	complications the List only one ca	at caused the	dasth. Do line. c Aden	not anta	Stev 32 S	wart S. Se	Fun econ ding, su	eral d St ch aa car	, oak			21550 Approximate interval Between Onset and De 3 Year		
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	FOR 1 - STATE	STATE OF M						ITAL HYGIEN	E E	0 1	55
	1. DECEDENT'S NAME (First, Middle, Last) BEULAH K CLARK			ERTIFIC	AIE OF	DEATE	2.1	REG. NO.	¥ §	EAR	3. TIME OF DEATH 12:35 P M
	4. SOCIAL SECURITY NUMBER 218-80-9560	5. SEX 1 M 2 F	6. AGE (In yrs. Ia	YRS. MO	UNDER 1 YEAR		AIN.	OATE OF BIRTH (Month, Day, Year) 07 23 1		BIRTHP Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) FROSTBURG COMMUNITY HOSPITAL FROSTBURG FROSTBURG Alleg										
L DIRECTOR	Md a 10s. STREET AND NUMBER	legany			own on Loca ostbu	urg					IOd. INSIDE CITY LIMITS?
FUNERAL	69 Pine St.					ZIP CODE 215			U .	3 A	● COUNTRY?
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	FEVER IN U.S. A YES 2	RMED NO	If yes, sp	ecity Cuban, I		RIGIN? (Specify Yea larto Rican, etc.)	or No—	Black, Specify	- American Indian, Whita, atc. : White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) (1	ECEDENT'S US Give kind of work ie. Do NOT use n	done during mo	ON st of working		Grod	ery		re
ш	17. FATHER'S NAME (First, Middle, Last) Earl Crowe						rs name (First, Middle, Malden	Surname)		UU ES
10 8	190. INFORMANT'S NAME (Type/Print) James E. Clarl		19		ine St			Number, City or Tow	n, State, Zip Co		2
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremelton 3 Rem 4 Donalton 5 Other (Specify)			E AND DATE OF	FDISPOSITION	(Name	1	DATE 20c. LO	cation - cit	y or Tow	n, State
	21. SIGNAPURE OF FUNERAL SERVICE ALC	HASS.			22. NAME A	ND ADDRESS		Υ			urg, Md.
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Deeth one cause or condition of the con										
CERTIFICATION	Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
- 1	PART II. Other significent condition	d	death but not	regultles le	the underlying	a agus alu	en la Doa	1	AUTODOV	Lan	MITTER ALTROPOV CALDANOS
PHYSICIAN: MEDICAL	Acute on Ch Civ y los in H/O Star 25. WAS CASE REFERRED TO MEDICAL	rome fa Lawer, oke:	Penel ohi Anen	Failu abelis	mel hypor	letis volei i	·lmi	PERFOI	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient		THER:	LACE OF DEA		Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D		28b. TIME C	Y W	JURY AT ORK? YES 2 1	-	d. DESCRIBE HOW	NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — Al I etc. (Specify)	nome, farm, stre	el, fectory, offic	•	261	LOCATION (Street City or Yown, State)		Rural Ro	oute Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE										and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIE	_ on	dhw	ME)	29c. LICENS	SE NUMBER	164	29d. DATE 5	SIGNED	(Month, Day, Year)
۲	DR. S. LAL SANDH	R, 48 TA	RN TERR	ACE, F	ROSTBU	RG, MD	. 2	1532		1	

32 REGISTRAR'S SIGNATURE

Hd. Allower Fronting cy Pine St. o whom we wanted Office str. most our , at out ou , (,)

1	10	STATE REGISTR	AF
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CE		CATE OF	DEATH		REG. NO).		
DECEDENT'S NAME (First, Middle, Last)							OF DEATH	DAY	WE45	3. TIME OF DEATH
Barbara	Anı	1 (rive	11a		Nont			YEAR	6:15 P.
SOCIAL SECURITY NUMBER 577-48-9999	5. SEX 1 M 2 F	6. AGE (In yrs. les	vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE (Mont	OF BIRTH h, Day, Year)		6. BIRTH Countr	IPLACE (State or Foreign y)
. FACILITY NAME (If not institution, give		53			OR LOCATION OF O	EATH	6 1	1	INTY OF D	
8309 Donoghue I					arrollton	<u>a</u>		I Pr	ince	Georges
. STATE 10b. COUNT			10c. CITY	r, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland Pri	nce Georg	es	1	New Carr	ollton					YES 2 NO
				10						WHAT COUNTRY?
8309 Donoghue D	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS OF	20784 CENOENT OF HISPA		N? (Specify V		U.S.	A . E — American Indian,
Never Married 2 Married Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2. A	10	If yes, sp	ecify Cuban, Mexico 2 X NO Specific	an, Puarlo			Spec	k, White, etc.
15. DECEOENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DE	CEDENT'S	USUAL OCCUPATI	ON ost of working	16t	. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	Jife.	Do NOT us	e retired.)						
12	0	- 40		Se Se	cretary		House		ep.	
FATHER'S NAME (First, Middle, Last)	11				18. MOTHER'S NA	(,				
Joseph C. Crive	ella Sr.	400	MAHING	ADDRESS (Ob.)	Annet and Number or Rural		. Erde		in Code	
Bart J. Crivell	2	191								n 2070/
. METHOO OF DISPOSITION		20b. PLACE	830	OF OISPOSITION	ghue Dr.	New		OCATION -		
Burial 2 Cremation 3 Rer	moval from State	of cemetary.		or other place)	etery	1	-			
SIGNATURE SERVICE L	ICENSEE //	111.	OLIV	22, NAME A	ND ADDRESS OF FA	ACILITY				, D. C.
> Kinhan	OX no.	1,_	h-		don/Hale		neral			
2 PARTI. Enter the diseases, or	amplifations that	anunad the d	ath Da		3 Annapo					20706 Approximate
ahock, or heart failure. MEDIATE CAUSE (Final liseese or condition equiting in death)	· Car	OR AS A CONSE	DUENCE OF	FĮ:	arrest					Onset and De
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was case referred to Medical EXAMINER? 1 YES 255NO MANNER OF DEATH 1 Netural S Pending	d	death but not a	DUENCE OF	28. F OTHER: 4 Nursing Hoi E OF 28c. IN WIRY	ig cause given in	heck only o	PERFO 1 YES vne) or (Specify)	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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ART II. Other eignificant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 27 NO MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 2 Accident 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINER 2 MEDICAL EXAMIN	C. OUE TO d	death but not a ER/Outpatient 3 INJURY ay, Year) F INJURY — At ho atc. (Specify) my knowledge, de	DOA 28b. TIM INJ	28. FOTHER: 4 Nursing Hole E OF 28c. IN URY M 1 Intree1, factory, offile ed at the time, dat	LACE OF DEATH (Come 5x1 Residence JURY AT ORK? YES 2 NO	theck only of 6 Oth 28d. DE 28f. LOC City	PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Town, State	PRIMED? NO I INJURY Of the and Number of the and due to	ccureo or or Rural inted.	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
1 YES 2 NO 7. MANNER OF DEATH 1 Natural	C. OUE TO d	death but not a ER/Outpatient 3 INJURY ay, Year) F INJURY — At ho atc. (Specify) my knowledge, de	DOA 28b. TIM INJ	28. FOTHER: 4 Nursing Hole E OF 28c. IN URY M 1 Intree1, factory, offile ed at the time, dat	LACE OF DEATH (Come 55) Residence JURY AT ORK? YES 2 NO ce e and place, and du death occured at the	heck only of God Other 26d. DE 28f. LOC City as to the case a time, det	PERFO 1 YES or (Specify) SCRIBE HOW CATION (Street or Town, State	PRIMED? NO I INJURY Of the and Number of the and due to	ccureo or or Rural inted.	ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
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BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNEPAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or emoval.

THE ORIGINAL SHOULD BE AS IN THE STATE DEAT, OF Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NOV 1 5 1991

Julia Davidson-Randell

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle,	LASTIEID	Cien.	= 1		2. DATE OF DEATH	AY	YEAR 3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER		COMPE	1		NON 1:	3	1/ //-	:00 K
			E (In yes last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month_Day, Year)	1	BIRTHPLACE (S	
	227-26-6271	10000	65 YRS.	25.00	a parties in the	007 3	260	Virgin	ia
	No. FACILITY NAME (If not institution,			HL CITY, TOWN	OR LOCATION OF	DEATH	Sc. COUNT	Y OF DEATH	
DIRECTOR	7004 Greeley R			Land	over		Pr.	George	S
5	PRESIDENCE OF DECEDER	OUNTY	Transco				1 saurges		
Ĕ.	1000	No.	17.09533	Y, TOWN OR LOC	MCHTA			10d, INS	HDE CITY
	THE RESIDENCE OF THE PARTY OF T	. George's	L	andover				1 A 17 (12)	B 2 [] NO
₹	10s. STREET AND NUMBER				OF SIL COOK		10g. CITIZE	N OF WHAT COL	HCTRY7
E	7004 Greeley	Rd.			20785	5	II.	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVEN	IN U.S. ARMED	13. WAS D	COENDENT OF HISPY	ANIC ORIGINT (Specify Yes			ican Indian
	1 Never Married 2 Warried	FORCEST 1 YES		If you,	specify Cuban, Mexic 55 2 NO Speci	sen, Puerto Rican, etc.)	100	Black, White,	
84	3 Widnesd 4 Directed			1	2.20	4		south Wh	ite
COMPLETED	18. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S	USUAL OCCUPA	HON	186. KIND OF BU	UNESS/INDUS	THY	
5	Elementary/Secondary (5-12)	College (1-4 or 5+)	(Give Amd of v	work done during r se redired.)	most of working	137000000000000000000000000000000000000	C. I I WHEN CALL WATER	77177	
ᆲ	4th		Truck	Driver		Cian	Town I		
8	17. FATHER'S NAME (First, Mixing, Las		I ILUCK	Driver			Food		
5					District Control of the	AME (First, Mickel, Maldan			
BE BE	Unavailable					Florence Ca			
2			100000000000000000000000000000000000000			Floute Alumber, City or Time		ode)	
	Ruth Carper		7004 G	reeley	Rd., Lan	dover, Md.	20785		
	20s. METHOD OF DISPOSITION	Barnoval from State	th. PLACE AND DATE of	OF DISPOSITION /				y or Yours, State)
-1	4 Donation Other (Specify)	11	A. Linco	In Ceme	terv	11/16/91	Bront	wood M	d
- 1	21. SIGNATURE OF FURERAL SERVICE	CE YCEYNEE	1	22, NAME	AND ADDRESS OF K	ACILITY			
- 1	1/ Mart	17 13. 1	(Gasc	h's Fune	ral Home, 4	739 B	altimor	e Ave.,
-	23. PART I. Inter the diseases	o I suma	lun	Usent	transfills	MJ 20701			
CENTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. CRY DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	no u	est eterii sar	acteral	è cul	pu.	net and Death
	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	9		de	ue	se	
EDICAL	PART II. Other significant cond	Sitions contributing to death	but not resulting i	n the underlyi	ng cause given le	Part L. 24s. WAS AN PERFOR			TOPSY FINDINGS
€						1 [] YES 2		COMPLET	E PRIOR TO YON OF CAUSE
								OF DEATS	
						/		11.1 460	2 [] NO
3	25. WAS CASE RESERVICED TO MAKEN	4		10.1	n are or nearly				
2	EXAMINEST	HOSPITAL:		OTHER:	LACE OF DEMTH (C)		-		
2	27. MANNER OF DEATH	1 D Inpatient 2 D ER/Out	-	THE RESERVE OF THE PERSON NAMED IN	me 5 E Residence	8 C Other (Specify)			
DT PRITSICIAN: N	1 Assistant 5 Pending Pending	Jan. DATE OF INJUSTY (Morett, Day, Itear)	DBU. THE	UNY W	VES 2 NO	284. DESCRIBE HOW II	WURY OCCUP	wo	
	3 Guicide 8 Could gp		Y — At home, farm, a	timet, factory, uffi		28f. LOCATION (Street a City or Sweet, States)	nd Number or	Hurst Route Numb	W.
COMPLETED		PHYSICIAN: To the best of my know						euse(e) end man	nar as stated
u III	29b. SIGNATURE AND TITLE OF CER	TIFIER	>-		29c. LICENSE NU			IGNED (Month, Di	
2	30. NAME AND ADDRESS OF PERSON	VILLLY P	11)	0.7-10	0128	79	M	213	1991
	stationed 1	MIE M.D.	10701.	MAFT	ON DR	LARG	0 11	0 20	772
	31. DATE FILED (Month, Day, Year) NOV 1 5	32. REGISTRAR'S SIGN	vature Pand	all	- /		/		
		- A	7						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Oper, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

-	REGISTRAN		OL.		IOAIL		רבת		AEG. NO.					
	1. OECEOENT'S NAME (First, Middle, Last) Herbert	.7	. (Cook					2. DATE OF DEATH MONTH	19	YEAR	3. TIME OF DEATH 2:08 P M		
										17	-			
	4. SOCIAL SECURITY NUMBER 483-26-5420	5. SEX 1 M 2 F	6. AGE (In yrs. last	YRS.	MONTHS.	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-25-19	28	Count	HPLACE (State or Foreign ry) DW 8.		
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	EATH	9c. COL	INTY OF E	DEATH		
DIRECTOR	1015 Nelson S	treet			Rockville					Montgomery				
2						OR LOCA	TION					10d. INSIDE CITY		
		ntgome:	ry		Rock							LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1015 Nelson	Street	-			10	ZIP COD	850		10g. CI1		S .		
5	11. MARITAL STATUS	12. WAS DECEDE	NT.EVER IN U.S. AR	MED			ENDENT (OF HISPAI	NIC ORIGIN? (Specify Yes	or No-		E — American Indian, k, White, etc.		
2	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES					ecify Cube 2 A NO		en, Puerto Ricen, etc.) ly:		Spec			
3	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. OE	CEOENT'S	USUAL O	CCUPATION MIC	ON ost of working	na	16b, KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffe.	Do NOT u	se retired.)				ant Self	177 m	~] ~ =	7		
3	17. FATHER'S NAME (First, Middle, Lest)	4,71.5	1 1	ers(Jiiiie	I U			AME (First, Middle, Maiden		DIO	7 0 0.		
	Herbert J.	Cooke					10000		en Stahli					
20	19e. INFORMANT'S NAME (Type/Print)	COOKE	100	MAII INC	ADDOES	e /Streat			Route Number, City or Tow		In Code)	-		
2	Emily Cooke		191	015						. 5700		20050		
	200. METHOD OF DISPOSITION		20b. PLACE	OF DISPO					Rockvi			own, State		
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		other pl	ece)	own	Uni	v. I	Med	School	Wa	shir	agton. DC		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		_	22. A	ust 605	in i	SS OF FA	ster Fune Street, N	ral	Hon	ie ngh DC		
	23. PART I. Enter the diseases, or	· Idea										asm. Do		
	ahock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	. Ca	diai	a		st	_					Interval Between Onset end Deeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	O (OR AS A CONSE	J- 0	art DF):	eu	1 d	rse	+2e			10 year		
MEDICAL	PART II. Other algnificant condition SUMU OM SIP mutra	ena contributing to	e refe	107	ny	0101	- /	given in	Pert I. 24e. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Tarre	00		un	X_	1 105 05 1	DEATH (O						
5	EXAMINER?	HOSPITAL:			OTHE	R:	1.0		heck only one)					
2	1 VES 2 NO	26e. DATE 0	ER/Outpatient 3	26b. Til			JURY AT	esidence	6 Other (Specify) 26d. DESCRIBE HOW	IN ILIBY O	CCUBEO			
	1 Netural 5 Pending	(Month,	Day, Year)		JURY	W	ORK? YES 2	□ NO	add, DESCRIDE NOW	moon o	COUNTE			
ED DI	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he	ome, ferm,	atreet, fee				26f. LOCATION (Street City or Town, State		per or Rural	Route Number,		
COMPLETED	290. CERTIFIER 1 SERTIFYING PHYS	ICIAN: To the best	of my knowledge, de	ath occur	red at the	time, dat	e end plac	e, end du	e to the ceuse(s) end ma) end manner es stated.				
2	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination end/or	Investigati	lon, In my	opinion,	death occu	ared at the	e time, date end piece, e	nd due to	the ceuse	(s) end menner es atated.		
	END DIGNATURE AND TITLE OF CENTIFIE	1111	1				29c. LIC	ENSE NU	JMBER	29d. D/	ATE SIGNE	(Month, Dey, Year)		
TO BE	lay 7. MA	MI.)							•	11/	13/9/		
-	5201 (es)	COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)	Ch	41	da	. VA	22	06	6		
	31, DATE FILED (Month, Day, Year)	91 32. REGISTA	HAR'S SIGNATURE	Ban	000						-			
21	WIIV 1 4 19	31 90	was known asser	A-None										



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BALTIMORE, MARYLAND 21203-31	atte	60	
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0.	5	елс	H
	Jea	att	nta
3DS, P.O. BOX 13146,	at the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	and Mental Hydlene prior to burial, cremation, or removal,
	it th	3	pul
Part I	40		100

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR AN PAUL (11 - 9 17.150 M 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 579 - 84 - 7099 MONTHS DAYS 5-9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECURE HOSPITAL BALTIMORE BALTIMORE 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1X YES 2 NO D.C. WASHINGTON FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1134 McKenna Walk Talk n. W.
12. WAS DECEDÊNT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 20001 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 I YES 2 NO Specify: 11. MARITAL STATUS FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) S.B.C. MUSICIAN 2YRS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN examiner must be notified at MATTIE CANTY BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) Geraldine Price McKenna Walk WASH. D. C. 20001 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State 20s. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) Landover CEMETERY 21. SIGNATIONE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY · James MODERN FUNERAL HOME 3821 14th ST.N.W. ellering medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart feilure. List only one cause Dn each line. interval Between Onset end Death IMMEDIATE CAUSE (Final the disease or condition . Aguined Immorro deficience other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Letinilis DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Possible Kerrengelis CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1- YES 2 NO signed OF VITAL RECOI t. of Heal 1 TYES 2 NO PHYSICIAN: has be Dept. 23 The 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h the State 1, or Item HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO ATTENDING PHYSICIAN: 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 Natural 5 Pending 1 YES 2 NO BY After 1 DIVISION 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d .00 COMPLETED 28 Hem 29a. CERTIFIER

(Chack note: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If IM 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

Tripunduer

32. REGISTRAR'S SIGNATURE Pandale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 13 on Secons
SIRFESH TRIPURANENT, BOLL

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

Dinesh

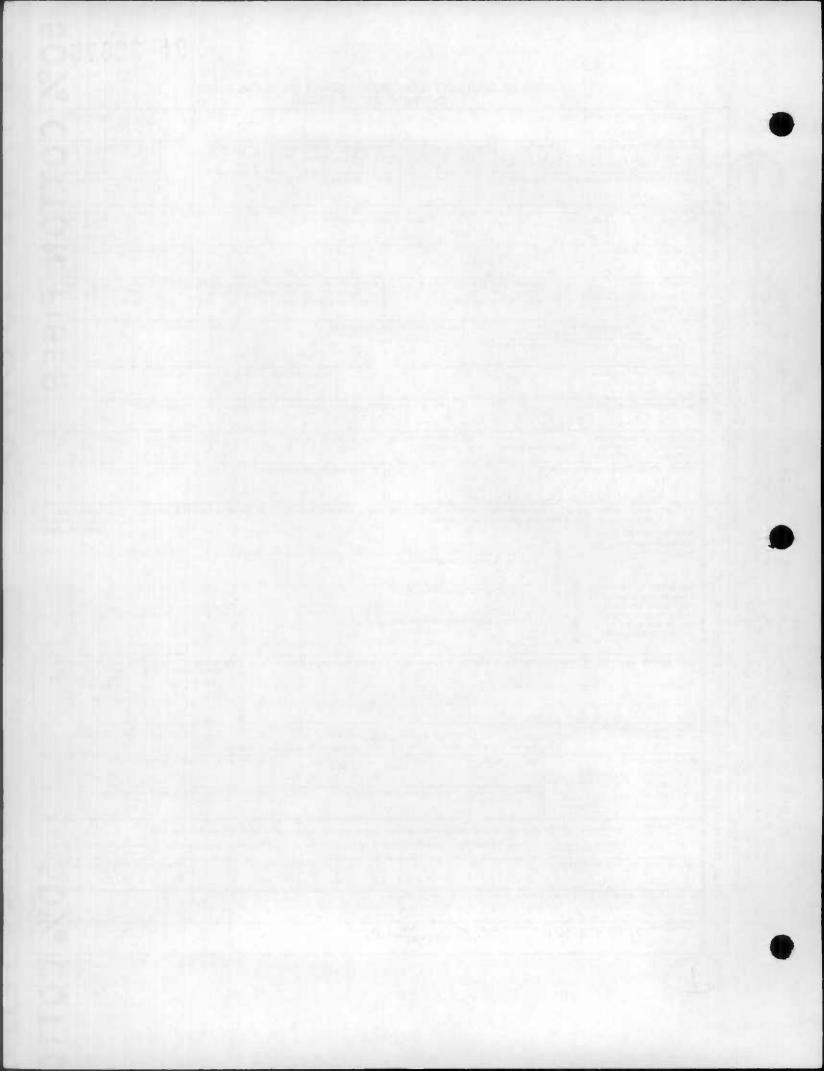
31. DATE FILED (MONDOV 17 4 1991

29d. DATE SIGNED (Month, Day, Year)

10

0 3066

Baltimore



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR				CERTIF	ICATE)F DE	EATH		REG. NO.		
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE O	F DEATH		3. TIME OF DEATH
-		WI	LLIAM E	E. CI	LARK				MONTH	O S		
- 3	4. SOCIAL SECURITY NUMBER	JER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER t YE	AR IF U	INDER 24 HRS.	7 DATE O	E BIOTH	a pip	THPLACE (State or Foreign
	222-01-4294		1 X M 2 🗆 F	7	77 YRS.	MONTHS DA	YS HOU		Mar.	2, Your) 19	14 Fra	inkford, DE
	9e. FACILITY NAME (If not ins	stitution, give :	street end number)			96. CITY, TO	WN OR LO	CATION OF		-, -	9c. COUNTY OF	
Œ			S HOSPITA	AT.				RE CI				
5	RESIDENCE OF DEC		D 11001 1111	II.		Dill	LILIOI	CL OI.	11		BALTIN	40RE
FUNERAL DIRECTOR	10e. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
DIE	Delaware	Susse	ex			ankfor						LIMITS?
4	10e. STREET AND NUMBER	Dabba	SA		1 4	allkiui						1 TYES 2 NO
RA		Box 29	0.3				101. ZIP (945				WHAT COUNTRY?
R	11. MARITAL STATUS	DUX Z									USA	
F	11. MARITAL STATUS 1 Never Married 2 🗓	Marriad	12. WAS DECEDEN FORCES? 1	T EVER IN U	J.S. ARMED 2 NO	13. WAS	DECENDER	NT OF HISP	ANIC ORIGIN?	(Specify Yes	or No- 14. RA	CE — American Indian, ack, White, atc.
BY	3 Widowed 4 Divon		I IF YES, GIVE W	MAR OR DATE	TES .	10	YES 2 X	NO Spec	city:	anti, attory		ocity Black
			US Navy -									DIGCK
1	(Specify only	EDENT'S EDU- highest grade	CATION completed)	1	16e. DECEDENT'S (Give kind of v	USUAL OCCUI work done durin se retired.)	ATION a most of w	vorking	18b. k	CIND OF BUSI	NESS/INDUSTRY	
H	Elementery/Secondary (0-	-12)	College (1-4 or 5 +	()					C	. 1 1		
MP					School	Bus Co	ntra	ctor	Sc	hool I	Bus	
COMPLETED	17. FATHER'S NAME (First, Mic						18, 8	MOTHER'S N	NAME (First, Mic	ddle, Meiden S	Jurname)	
BE (Albert C	Clark					Er	nma F	rances	Andre	ews	
B	194. INFORMANT'S NAME (Ty)	rpe/Print)			196. MAILING	ADDRESS (Str	eet and Nu	mber or Rura	I Route Number	City or Town.	Stete, Zip Code)	
2	Ellen Clark	<									are 1994	4.5
				20h B	PLACE AND DATE			. I dilk.				
	20a. METHOD OF DISPOSITION Burlel 2 Cremetion	n 3 🗆 Rem	ioval from State	cemeti	ery, cremetory or o	ther place)	Name or		DATE	20c. LOCA	ATION — City or 1	Town, State
	4 Donetion 5 Differ			Ant:	ioch A.	M.E. C	hurci	n Cem	.11/15	/91 Fr	cankford	d, Delaware
		1 / X	6/			22. NAM	E AND ADO	DRESS OF F	FACILITY		S, LTD.	
	· (10	40	Millan						DELAWA			
	23. PART I. Enter the dia	name or	complications the	t caused t	the death Do r	T I	ANKE	JKD,	DELAWA	KE 195	145	
	STORE OF THE	men ganture.	Liet only one ceu	ee on eec	h line.	IOI GIII GI LIIO	mode Di	dying, su	ch ea ceruie	C Dr reepire	atory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine disease or condition	le	10	110	1	1						Onset and Deeth
	resulting in deeth)	+	· / / (U	ITIP	ONSEQUENCE OF	eloma						18 months
			DUE TO	(OR AS/A C	ONSEQUENCE OF	9:	6	2				
Z	Sequentielly list condition		b. C1-	Ca	Poster of Cell	ior a	ulax	Ma	40			week
CERTIFICATION	If any, leading to immedi	diata	DYE TO	(OR AS A C	CONSEQUENCE OF	7):						
S	cause. Enter UNDERLYIN CAUSE (Disease or Injur		a Ner				M	a				1 yrs.
E	thet initieted eventa		DUE TO	(OR AS A C	ONSEQUENCE OF	7):						
R	resulting in death) LAST		d									· ·
- 11	DART II Other election											
EDICAL	PART II. Other eignificen	it condition			. /	/	ying ceus	se given ir	n Part I. 2	4a. WAS AN A		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
200	Kanal C	ell	Carcin	and,	Bolde	wal	501)	halc	ord.	YES 2		COMPLETION OF CAUSE
ME	mass 0	at h	cre of	01-	2						,	OF DEATH?
-	7											1 TYES 2 TYNO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL				2	DI ACE O	E DEATH (C	Check only one)			
Sic	EXAMINER?		HOSPITAL:		- 57 204	OTHER:						
4	27. MANNEB-OF DEATH		1 Pinpetlant 2						a Other (
	1 Natural 5 P	Pending	28a. DATE OF (Month, Da		28b, TIMI	URY	WORK?		20d. DESCR	HIBE HOW INJ	JURY OCCURED	
B		nveatigetion					YES	2 NO				
ED		Could not be	28s. PLACE OF building,	F INJURY — atc. (Specify)	- At home, ferm, s	treet, factory,	iffice		281. LOCAT	ION (Street end Town, State)	d Number or Rural	Route Number,
	4 Homicide de	letarmined							Gilly C.	iOwn, State)		311
COMPLET	29a. CERTIFIER 1 CERTIF	FYING PHYSI	ICIAN: To the beat of	my knowled	ton death occurry	d at the time	date and al	the and do	4- 4			
M	one) 2 MEDIC	CAL EXAMINE	R: On the basis of ex	emination e	and/or investigation	o in my oninic	Jaka and pr	eca, and du	a to the cause	(e) end manne	er ee stated.	(s) and manner se stated.
8					no/or mro-nga	it, in my opino	A, OHENT O	CCUred at tim	e fima, date ar	id piece, and	due to the ceuse	(s) and manner se stated.
BE	296. SIGNATURE AND TITLE C	OF CERTIFIER	1/2	3	11		29c. 1	LICENSE NU	JMBER	1	29d. DATE SIGNE	B (Month, Day, Year)
2	1/1/0	2	01/7	Usi	- 1 D		<u>_</u>	151	19+	L	D / /	9 91
F	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH	H (ITEM IT) (Type,	-		0	.11	7	101	11 11
	MARK	5,	KRAS,	NOF	F 6	132	-B-	Great	2 Mps	day	Ykur 1	R. L. MD2128
1	31. DATE FILED (Month, Day, Ye	ber)	32. REGISTRAF	R'S SIGNATI	URE		20	010	1	Man.	1/1-	110,11120
0	110V 1 %	1001	Lesia Nos	indron-	- Randoll							

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item HOSPITAL OR ATTENDING PHYSICIAN:

BY

COMPLETED

BE

2

DIVISION OF VITA

OF VITAL RECORDS, P.O. BOX 68760, HYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician. Inis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Permit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. (ed., or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	PHYSICIAN: MEDICAL CERTIFICATION
--	----------------------------------

BE COMPLETED BY FUNERAL DIRECTOR

FOR											(.077
1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR CERTIF	RTMEN'	T OF H	DEA	AND	MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First		,							2. DATE OF DEATH		YEAR	3. TIME OF DEATH
Ruth Cathe									November	9, 19	99T"	5:45 a.m.,
4. SOCIAL SECURITY NUMBER 094-26-117	77	5. SEX	8. AGE (In yr	s. last birthday) NRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE DE BIRTH J. (Magth, Deg Year) 1	935	e. BIRTH	IPLACE (State or Foreign
9a. FACILITY NAME (# not in 4812 Delaw	vare St	reet end number)					e Pa:	DN DF DI rk	EATH		nty of D	George's
RESIDENCE OF DEC												
Maryland	Princ	e George	's		11ege							10d. INSIDE CITY LIMITS? 1 X YES 2 ND
4812 Delaw	are St	reet				101	ZIP COD	740		10g. CIT	U.S.	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	X NO		WAS DEC	elfy Cube	OF HISPAN on, Mexice Specify	NC ORIGIN? (Specify Yae n, Puerto Rican, etc.)	or No	14. RACE Black Speck	- American Indien, white, atc.
15. DEC (Specify only Elamentary/Secondary (0 12th Grade		Cation completed) College (1-4 or 5- LSTETS De	+)	Give kind of life. Do NOT us. Regis	work done se retired.)	during mo	st of worki	ng	American			oss
17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Meiden	Sumama)	-	
Jack Brunc	Basil								or Catherin		ıryea	
190. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural I	Route Number, City or Town	, State, Zip	Code)	
John Donoh												land 20740
20a METHOD OF DISPOSITI 1 M Burtal 2 ☐ Creglation 4 ☐ Donation 1 ☐ Dilys	(Special)	10	20b. PLA cemeter	CEAND DATE	of dispos ther place! leave	en Ce	me of emete	ery	DATE 20c. LOC 11/12/91 S:	ilvei	City or Too	ing, Md.
21. SIGNATURE OF FORENA	Kc/	413	Sh	~	Fr 47	anci	s Ga Balti	ss of fa asch Lmore	s Sons Fur Ave. Hyat	neral Etsvi	l Hom	ne, P.A. MD. 20781
23. PART I. Enter the di shock, pr he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	cont tenuta, t	Metast	atic (iina.	oma c	tha mo	da of dy	ng, aucl	h as cardlac or raspli	atory arr	rest,	Approximata Interval Batwean Onset and Death 3 Years
			,	DENOZ DI	,,.							

Sequantially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEDUENCE OF): that initiated avanta resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TES ZY XND

DUE TO (DR AS A CONSEDUENCE DF):

OF DEATH? 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 Nursing Home 5 Realdence 8 Other (Specify) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER DF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME DF 28c. INJURY AT WDRK? 28d. DESCRIBE HOW INJURY OCCURED

1 Natural 1 YES 2 Accident 3 Sulcide 28a. PLACE DF INJURY — At home, farm, streat, fectory, office building, atc. (Specify) 8 Could not be 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide

29a. CERTIFIER (Check only one) 1 XI CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end placa, and due to the ceuse(a) end menner ea stated.

296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 0/22/ 29d. DATE SIGNED (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. C. Duvall, M.D.

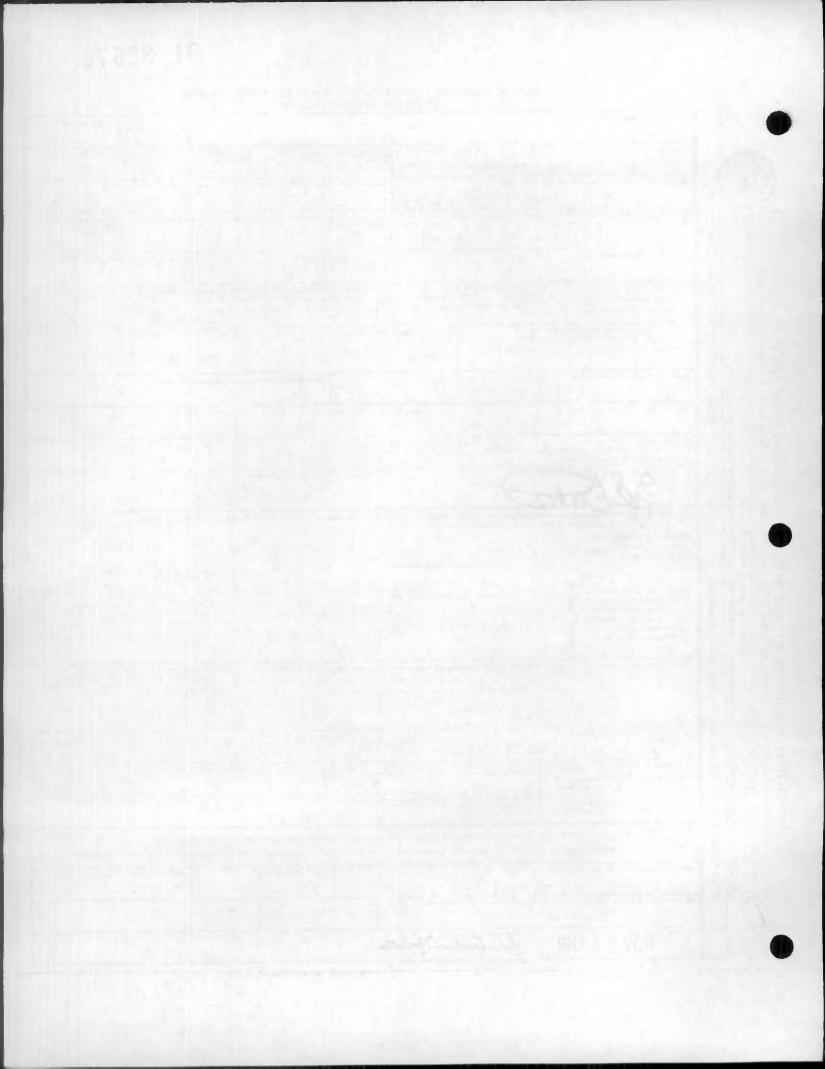
3301 New Mexico Avenue, N.W. Washington, D.C.

31. DATE FIRED Middle Day, Year 1991

32. ABBISTRAR'S GIGNATURE FUNDALLE

Charles James Donne Pour (a))

m.	4. SOCIAL SECURITY NUMBER 213-33-3273	5. SEX	0 405 (5)	Do.	NG				DATE OF DEATH	7. 9	YEAR	8 1/45
~		5. SEX	A ACE //-									() 7
_	1 713_33_3773			last birthday)	IF UNDE	DAYS	IF UNDER		DATE OF BIRTH (Month, Day, Year)	1	BIRTHPL.	ACE (State or Foreign
~		1 □ M 2 🔀 F	70	YRS.		201			4-10-21		C	hina
	9a. FACILITY NAME (If not institution, give		11 -		9b. CIT	Y, TOWN	OR LOCATIO	ON OF DEATH		9c. COUNT	Y OF DEAT	Ή /
DIRECTOR	RESIDENCE OF DECEDENT	AND ?	HOSPI	1777		(4)	KIN	TON		PA	NCL	GEON
<u> </u>	10e. STATE 10b. COUNT	Y		10c. CI	TY, TOWN	OR LOCAT	TION				10	d. INSIDE CITY
P	Md. Pr	ince Geo	rae's		Clin	ton						LIMITS?
A	10e. STREET AND NUMBER		-900		OLLI	-	. ZIP CODE			10g, CITIZE		T COUNTRY?
E	7111 Branchwood	d Place					20	0735			Chin	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPANIC O	RIGIN? (Specify Ye	s or No- 1	4. RACE —	American Indian.
1 1	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATES	KINO.		It yes, sp	ecify Cubar 2 NO	i, Mexican, Pu	ияпо Rican, etc.)		Black, W Specify:	hita, etc.
- 11											.,,.	Chinese
	15. DECEDENT'S EDU (Specify only highest grade	18 a.	Give kind of	work done	during mo	ON ost of working	,	16b. KIND OF BU	SINESS/INDU	STRY		
COMPLET	Elementery/Secondery (0-12)	4 or 5+) life. Do NOT use retired.)						Orm	Homo			
Ž.	N/A 17. FATHER'S NAME (First, Middle, Last)								n Home			
	Ha Cheng Dong						First, Middle, Maiden	Sumame)				
8	19a. INFORMANT'S NAME (Type/Print)											
임	The state of the s											
ŀ	Tanny Chen 7111 Branchwood Place, Clinton, Md. 207.											
	1 Donetion 5 Other (Specify)	oval from State	cemetery (20b. PLACE AND DATE of DISPOSITION (Name of Centerly 11-11-91 Suitland, Md.								
1											-	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Ho 6633 Old Alexander Ferry Road									Home, d	Inc.	
-	Clinton, Md. 20735											
	23. PART Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.										st,	Approximate interval Bety
	IMMEDIATE CAUSE (Final										Onaet and D	
	resulting in death) TERMINAL CANCER OF STOMACH											MONTH
	DUE TO (OR AS A CONSEQUENCE OF):										140177777	
CALICIA	Sequentially list conditions,	DUE TO	Massive hepatomegaly DUE TO (OR AS A CONSEQUENCE OF):									MONTH
3	If any, laeding to immediate cause, Enter UNDERLYING	ANEMIA AND LEUCOCYTOSIS.									MONTH	
RIFE	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST											
2												
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 24e. WAS AN AUTOPSY PERFORMED?										AWA	RE AUTOPSY FINDI MLABLE PRIOR TO
										□ NO		MPLETION DF CAUS DEATH?
Σ									1 TYES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL	00.01	100 00 00									
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	50.0.4	• -	OTHER	₹:		ATH (Check or				
- 1	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM		28c. INJ			Other (Specify) DESCRIBE HOW I	N ISSUE COOLIN	DED	
-	1 Netural 5 Pending	(Month, Da	ly. Year)		JURY	WOI	RK?		. DESCRIBE HOW I	NJUHY OCCUI	RED	
90	2 Accident Investigation M 1 YES 2 NO									and Number or	Dumi Doute	Mumba
	4 Homicide 8 Could not be	building, e	etc. (Specify)			,,			City or Town, State)	and rediniber of	norar nouse	тчитьы,
" !	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of a	my knowledge	death seems								
COMPLE	(Check only one) 2 MEDICAL EXAMINE	R: On the bacle of ex	emination end/o	or investigation	on. In my o	ololon di	and pieca, a	and due to the	e ceuse(e) end mer	ner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				, (, 0	parion, de			date and place, en			
	THE OF CENTIFIER	1	1					SE NUMBER	2 19 1 3			nth, Day, Year)
и П	mala a						D12	XX/				
) BE	30, NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	E OF DEATH (I	TEM OF CE	D-1-45		Dir	4004		MO	V . 0	1991
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (IT			S			,CLINTO			



		ACI	= M. D	Eh	11776				TE OF DEATH	DAY	YEAR 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HF		TE OF BIRTH onth, Day, Year)		8. BIRTI	HPLACE (State or For
	578-26-6647 9s. FACILITY NAME (If not institu	ution sin a	1 M 2 F	85	YRS.			Jur		1906		hington,
R	Co. MA	Alia		HOSP	1774/	9b. CITY, TOWN	OR LOCATION O	DEATH		9c. COL	JNTY OF D	0
S	RESIDENCE OF DECE			IUSP	11110		LINI	ON		17	INCL	SEOR
DIRECTOR	1	b. COUNT				r, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
LD	Maryland F	rinc	ce George	e's	Ü	pper Ma	rlboro					t 🗌 YES 2 💢 I
ERA	9115 Marlbo	oro E	Pika				20772					WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U	J.S. ARMED	13. WAS DE	CENDENT OF HIS	PANIC ORIG	GIN? (Specify Ye		J.S.A	E — American India
BY F	1 Never Married 2 Mer 3 Wildowed 4 Divorced		FORCES?			If yea, s	pecify Cuban, Ma S 2 X NO Sp	xican, Puerl	lo Rican, etc.)		Speci	k, White, atc.
	15. DECEDE		CATION							Caucasian		
E	(Specify only hig Elementery/Secondary (0-t2)			(Give kind of v	ork done durina m	ost of working	,	8b. KIND OF BU	USINESS/INI	DUSTRY		
4PL	9th		N/A		Homema	ker Home						
COMPLETED	17. FATHER'S NAME (First, Middle	e, Last)					18. MOTHER'S	NAME (First	t, Middle, Maider	n Surname)		
BE	William Ke		son	54020 142411022								
2	19e, INFORMANT'S NAME (Type/		~	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or								
	Fugene R. I	ohr.	Jr.	201 81		ROSATYV.						la 20772
	20a METHOD OF DISPOSITION 1 Burlet 2 Crametion : 4 Donetion 5 Other (Spe	3 Rem	oval from Stata	cemete	ery, crematory or of	her placel				OCATION —		
31 SIGNATURE OF THE STATE OF TH												me, Inc.
	1/////	11	DIEZ.	the			Old Al					
	IMMEDIATE CAUSE (Final	ses, pro t failure.	complications tha List only one cau	nt caused the	he death. Do n							Approximation Interval Bet
		t fallure.	a. CARDIC	OPULM OR AS A CO	ONARY ONSEQUENCE OF	FAILUE	ode of dying, a	uch as ca	ardiac or reap	piratory are	rest,	Approximal Interval Bel Onset and MINU
CATION	iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING		a. CARDIC DUE TO BEFRAC	OPULM OR AS A CO CTORY	ONARY ONSEQUENCE OF MASS ONSEQUENCE OF	FAILUE CVE PEE	RE.	uch as ca	HEMOR	PRHA	rest,	Approxims Interval Be Onset and MINU
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ATT	5	s at	96 .
OR	DIR	MOU	900
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phys	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, oace 5 should be detached for use as the huris	2	MONTENT if from 29 is marked as item 23 shows any lating as ather traumotic many the markets and and
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HC	F	W	ZTA
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31. DATE FILED (Month, Day, Year)

NOV 1 4

4 1991

	1. DECEDENT'S NAME (First, Middle, Last)		- 02		AIL OI	DEATH	REG. NO		3. TIME OF DEATH
	HNNIE	DOLA	V				MONTH -	DAY - S	YEAR 12.35
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	MO	UNDER 1 YEAR	IF UNDER 24 HR	- MA		8. BIRTHPLACE (State or Foreign Country)
	577-16-0907	1 M 2777F	72	YRS.			3-24-19	9	Wash.,D.C.
-	9a. FACILITY NAME (If not institution, give	19	, «		CITY, TOWN	OR LOCATION OF	DEATH	9c. COUN	TY OF DEATH
DINECTOR	RESIDENCE OF DECEDENT	UD M	OSPITAL		()	INTON)	PAI	NOE GEORGE
Į.	10a. STATE 10b. COUNT	TY			OWN OR LOCA				10d. INSIDE CITY
		narles		W	aldori				1 YES ZENO
LOINEDAL	10e. STREET AND NUMBER				-10	Of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
	3048A October					20602			USA
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. ARM	ED	13. WAS DE	CENDENT OF HIS	PANIC ORIGIN? (Specify Yalcan, Puarto Rican, atc.)	a or No-	14. RACE — American Indian, Black, White, atc.
	XXXX Widowed 4 Divorced		WAR OR DATES			S 2 10 NO Spe			Specify: White
1	15. DECEDENT'S EDI (Specify only highest grad	JCATION completed)	16a. DECI	EDENT'S USU	IAL OCCUPAT	ION	16b. KIND OF BL	JSINESS/INDU	
	Elamentary/Secondary (0-12)	College (1-4 or 5	+) life. C	OO NOT use rel	done during m tired.)	ost or working			
	12			Home	maker		70	wn Hom	ie
3	17. FATHER'S NAME (First, Middle, Last)						NAME (First, Middle, Maider		
1	Wilbur Hill 19a. INFORMANT'S NAME (Type/Print)						erine Fishe		
2	Josephine Jenk:	ina	196.	MAILING ADD	DRESS (Street	and Number or Rui	al Route Number, City or Tow Waldorf, Md	vn, State, Zip	Code)
	20a. METHOD OF DISPOSITION	IIIS					wardori, Md	. 2000)1
	Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AN cemetery, crema Was	dory or other in	SPOSITION IN	meterv			and, Md.
1	TI. SIGNATURE OF PUMPRAL SERVICET	CENTRE) 1	iii iva	22. NAME A	ND ADDRESS OF	FACILITY Lee Fu		
	MARK	Ma	oh		Clint	on, Md.	ander FErr 20735	y Road	
	23. PART I. Enter the diseases, pr	complications the	t causad tha deat	h. Do not e	enter the mi	oda of dylng, s	uch as cardiac or reap	iratory arra	at, Approximate
	ahock, or heart failura. IMMEDIATE CAUSE (Final								Interval Batwasi Oneat and Daet
	disease or condition reaulting in death)	· ac	ATE P	ESPI	RAN	ory F	AILURI	=	
			(OR AS A CONSEQU	ENCE OF):					
	Sequantially list conditions,	o. Lu	NG	The same of the sa	NCE	R.			
	if any, laading to immediata	DUE TO	(OR AS A CONSEOU	ENCE OF):					
	CAUSE (Disease or Injury	с							
	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEQU	ENCE DF):					
		d							
	PART II. Other algorificant condition	s contributing to	death but not ras	ulting in th	e underlyin	g causa givan	n Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	CHRONIC	0 135	Tructi	SE	8nL	-wonds	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	PNEHmoi					DISEM	36	Z [] NO	OF DEATH?
	PNEUmor	V) A'							1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. P	LACE OF DEATH	Check only one)		
	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3		HER:		n 6 🗆 Other (Specify)		
	27. MANNER OF DEATH	INJURY	26b. TIME OF	28c. IN.	JURY AT	26d. DESCRIBE HOW INJURY OCCURED			
	10/	(Month, D	ay, rear)	INJURY		YES 2 NO			
	Natural 5 Pending Investigation				factory office		284 I OCATION (Charles	and Number o	2 10 11 1
	Activation 5 Pending Investigation 3 Suicida 6 Could not be datarmined Could not be da	28a. PLACE O building,	F INJURY — At home atc. (Specify)	, term, atreat	, ractory, onic		28f. LOCATION (Street : City or Town, State)	I TYDITION D	r Hural Houte Number,
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	bulloing,	atc. (Specify)				City or lown, State)		
	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check Could Determined)	CIAN: To the beat of	my knowledge, death	occurred at	the time, data	and place, and d	us to the cause(s) and ma	nner aa atstec	1.
	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check Could Determined)	CIAN: To the beat of	my knowledge, death	occurred at	the time, data	and place, and d	us to the cause(s) and ma	nner aa atstec	
	2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check Could Determined)	CIAN: To the beat of	my knowledge, death	occurred at	the time, data	and place, and d	us to the cause(s) and man	nner as atetec	1.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

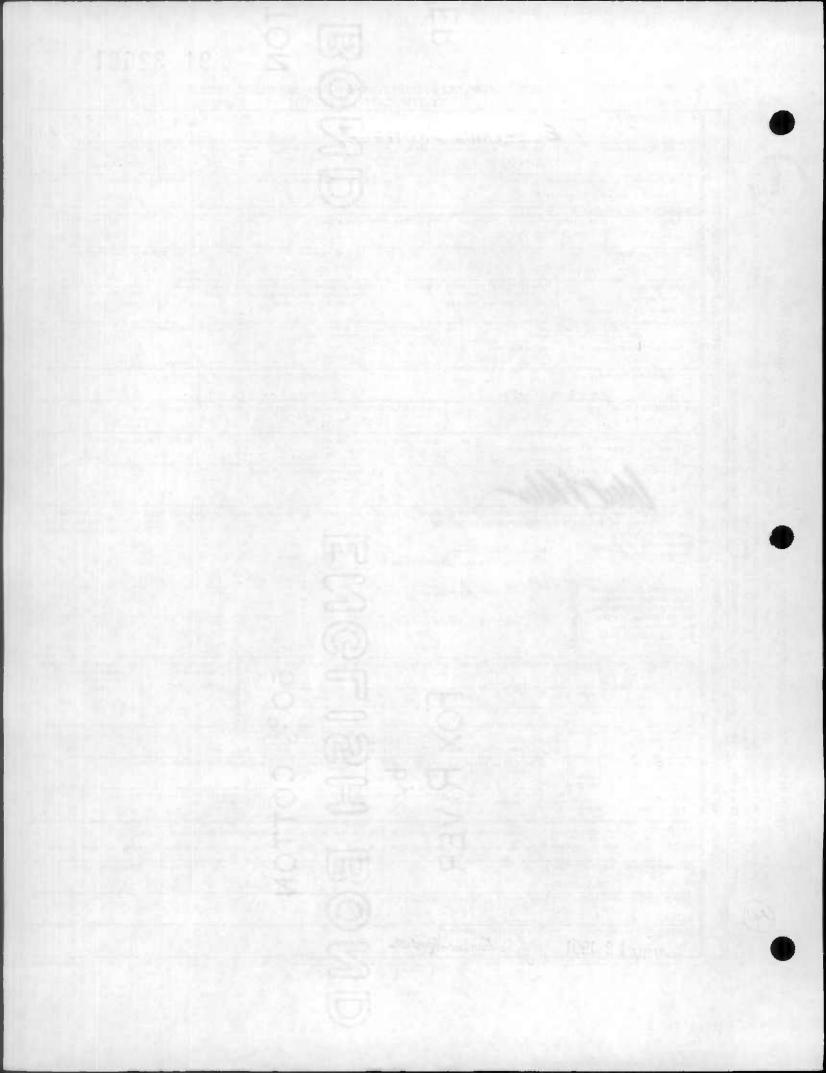
	2. 4 should	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I			ICATE OF		MIENT	REG. NO.				
	1. DECEDENT'S NAME (First	, Middle, Last)							TE OF DEATH		EAR	3. TIME OF OEATH	
	JUI	Aust	Esmer	AldA	DAU	IA			11	9		7-46AM	
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.					TE OF BIRTH onth, Day, Year)	8. BIRTH Count		LACE (State or Foreign	
	None		1 M 2 F	69	YRS.	MONTHS DAYS	HOURS MIN.					aragua	
	9a. FACILITY NAME (If not in	nstitution, give :	street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY OF DEATH			
OR	Washingto	n Adve	entist Ho	spital		Tak	oma Park			Mon	tgon	nerv	
등	RESIDENCE OF DEC	10b. COUNT	~		40a CIT	Y. TOWN OR LOC	TION					10d. INSIDE CITY	
DIRECTOR	Maryland		nce Geor		100. 011	.,						LIMITS?	
	100. STREET AND NUMBER		lice Geor	ges			tsville			10a CITIZE		1 TYES 2 NO	
RA	8118 15th												
FUNERAL	11. MARITAL STATUS	Ave. #	12. WAS OECEDEN	NT EVED IN II C	ADMED	12 WMC DI	20783	PANIC ODI	OIN2 (Casalty Yea		cara		
	1 Never Merried 2	Married	FORCES? 1	YES 2 WAR OR DATES	NO	If yes,	pecify Cuban, Mex	Ican, Puer		or No _ I		American Indian, White, etc.	
BY	3 💢 Widowed 4 🗌 Dive	orced	IF YES, GIVE Y	MAR OR DATES		X	S 2 NO Spe		caragua	n	Specify	White	
0	15. DEC	CEDENT'S EDU	JCATION			USUAL OCCUPAT			16b. KIND OF BUS		STRY	WILL CO	
Ti.	Elementary/Secondery (College (1-4 or 5		life. Do NOT u		nost of working						
APL	8th				Hou	sewife			Н	ome			
COMPLET	17. FATHER'S NAME (First, A	Aiddle, Last)					16. MOTHER'S	NAME (Fire	st, Middle, Maiden				
BE (Z	acaria	s Davila				A	rcad	ia Tino	CO			
	19a. INFORMANT'S NAME (and Number or Rui	ral Route N			ode)		
2	Marvin J	. Marq	uez		8118	15th A	ve. #103	Ну	attsvil	le, Mo	1. 2	0783	
	20g, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State of company or other place)												
	1 (X Burlel 2 Cremetton 3 Removed from State of cemetary, crematory or other place) 4 Donatton 5 Other (Specify) Silver Spring, Md.												
	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home												
1 18	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745												
	23. PART I. Enter the c	fisacaes, or	complications the	et caused the	deeth. Do							Approximate	
					23. PART I. Enter the disasses, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heart failure. Liet only one cause on sech line.								
	IMMEDIATE CAUSE (Fine)									atory arrot	,	Interval Between	
	disease or condition resulting in death) a. METASTATIC SEPSIS DUE TO (OR AS A CONSEQUENCE OF):										, ,	Interval Between	
		\rightarrow	a. MCTAS	TATLE	SECTIONS	SEPS	S			atory union	,	Interval Between	
		→	DUE TO	O (OR AS A CON	SEOUENCE C	SEPS	S					Interval Between Onset and Deeth	
NO	resulting in death) Sequentielly list condit		. META	4-STAT	TIC C	MSTRO	SINTES					Interval Between Onset and Deeth	
ATION	resulting in death)	diate	. META	O (OR AS A CONS	TIC C	MSTRO	S INTES					Interval Between Onset and Deeth	
FICATION	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injury)	diate	b. META DUE TO	4-STAT	SEQUENCE O	LASTRI	S DINTES					Interval Between Onset and Deeth	
RTIFICATION	Sequentielly list condition if eny, leading to imme cause. Enter UNDERLY	diate ING ury	b. META DUE TO	ASTAT O (OR AS A CON	SEQUENCE O	LASTRI	SINTES					Interval Between Onset and Deeth	
CERTIFICATION	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust initieted events resulting in deeth) LAS	odiate VING ury	b. META DUE TO	O (OR AS A CONS	SEOUENCE O	ASTRI	O INTES	TINA	L MAI			Interval Between Onset and Deeth	
اب	Sequentielly list conditions, list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or intition initions)	ediate TING ury ST	b. DUE TO d	O (OR AS A CONS	SEOUENCE O	ASTRI	O INTES	TINA	L MAI	LIGN F	1NC)	Interval Between Onset and Deeth	
اب	Sequentielly list conditions of the cause. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in deeth) LAS	ediate TING ury ST	b. MET POUR TO C. DUE TO d	O (OR AS A CONS	SEQUENCE O	ASTRI	O INTES	TINA	M A1	LIGNA AUTOPSY RMED?	1NC)	Interval Between Onset and Deeth Onset and Deeth	
EDICAL	Sequentielly list conditions of the conditions of the cause. Enter UNDERLY CAUSE (Disease or Injusted events resulting in deeth) LAST PART II. Other eignific	ediate TING ury ST	b. MET POUR TO C. DUE TO d	O (OR AS A CONS	SEQUENCE O	ASTRI	O INTES	TINA	. 24a. WAS AN PERFOR	LIGNA AUTOPSY RMED?	1NC)	Interval Between Onset and Deeth Onset and Deeth Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	Sequentielly list conditions of the conditions of the cause. Enter UNDERLY CAUSE (Disease or Injusted events resulting in deeth) LAST PART II. Other eignific	ent condition	b. MET POUR TO C. DUE TO d	O (OR AS A CONS	SEQUENCE O	ASTRI	O INTES	TINA	. 24a. WAS AN PERFOR	LIGNA AUTOPSY RMED?	1NC)	Unset and Deeth Onset and Deeth Deeth Deeth Deeth Onset and Deeth De	
MEDICAL	resulting in death) Sequentielly list condition, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust in the inlitted events resulting in deeth) LAST PART II. Other eignific CAST STATE STA	ent condition	b. META DUE TO d. Ins contributing to	O (OR AS A CONS	SEQUENCE O	In the underly	O INTES	In Part I	24a. WAS AN PERFOR	LIGNA AUTOPSY RMED?	1NC)	Unset and Deeth Onset and Deeth Deeth Deeth Deeth Onset and Deeth De	
MEDICAL	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust initiated events resulting in deeth) LAS	ent condition	b. MET POUR TO C. DUE TO d	O (OR AS A CONTO	SEQUENCE C	F): In the underly	ng cause given	In Part I	. 24a. WAS AN PERFOR	LIGNA AUTOPSY RMED?	1NC)	Unset and Deeth Onset and Deeth Deeth Deeth Deeth Onset and Deeth De	
MEDICAL	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injurat initiated events resulting in deeth) LAS PART II. Other eignific A T D A B 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ent condition	b. MET OF TO THE PROPERTY OF T	O (OR AS A CONSTITUTE OF TRANSPORTED	SEQUENCE C	In the underly	ng cause given	In Part I	. 24a. WAS AN PERFOR	AUTOPSY AMED?	24b.	Unset and Deeth Onset and Deeth Deeth Onset and Deeth Deeth Deeth Onset and Deeth	
PHYSICIAN: MEDICAL	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inthat initieted events resulting in deeth) LAST PART II. Other eignific CAST SAMINER? 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5	ent condition	b. MET OF TO THE PROPERTY OF T	O (OR AS A CONTO	SEQUENCE C	PF: In the underly 26. OTHER: 4 Nursing H AE OF 28c. I	ng cause given	In Part I	24a. WAS AN PERFOF 1 VES 2	AUTOPSY AMED?	24b.	Unset and Deeth Onset and Deeth Deeth Deeth Deeth Onset and Deeth De	
BY PHYSICIAN: MEDICAL	PART II. Other eignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Notural 5 2 Accident 3 Suicide 6	ent condition	b. DUE TO c. DUE TO d	O (OR AS A CONICO O death but no	SEQUENCE C	PF: In the underly 26. OTHER: 4 Nursing H AE OF 28c. I	PLACE OF DEATH OTHER 5 Resident NJURY AT VORK? VES 2 NO	In Part I	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inthat initieted events resulting in deeth) LAST PART II. Other eignific CAST SAMINER? 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5	ent condition ent co	b. DUE TO c. DUE TO d	O (OR AS A CONIDO death but no	SEQUENCE C	OTHER: 4 Nursing H	PLACE OF DEATH OTHER 5 Resident NJURY AT VORK? VES 2 NO	In Part I	24a. WAS AN PERFOR 1 Yes 2	AUTOPSY IMED? AUTOPSY IMED? AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentielly list conditions of the conditions o	ent condition ent co	b. DUE TO C. DUE TO d	O (OR AS A CONTINUED OF INJURY — At . (Specify)	SEOUENCE COSEOUENCE CO	26. OTHER: 4 Nursing H ME OF JURY M 1 Street, fectory, of	PLACE OF DEATH PROBLEM AT VORK? YES 2 NO	In Part I (Check on) 28d. 28f. 1	24a. WAS AN PERFOR 1 YES 2 What is a second of the control of the	AUTOPSY RMED? AUTOPSY RMED? AND NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	resulting in death) Sequentielly list conditifency, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injustification of the cause of the caus	ent condition ent condition FIGURE TO MEDICAL Pending Investigation Could not be determined	b. DUE TO C. DUE TO d	O (OR AS A CONTINUED OF INJURY — At . (Specify)	SEOUENCE COSEOUENCE CO	26. OTHER: 4 Nursing H ME OF 28c. I JURY M 1 street, fectory, of	PLACE OF DEATH PROME 5 Resident NOUNTY AT VORK? YES 2 NO	in Part I	24a. WAS AN PERFOR 1 YES 2 Where (Specify) DESCRIBE HOW I OCATION (Street Inly or Town, State) cause(a) and main	AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	resulting in death) Sequentielly list conditions, leading to immediate the cause. Enter UNDERLY CAUSE (Disease or Injury in the Initieted events resulting in deeth) LAS PART II. Other eignific A T II. Other eignific EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Death 2 Accident 3 Suicide 6 Death 4 Homicide 29e. CERTIFIER (Check only One) 2 MEE	ent condition ent co	b. DUE TO C. DUE TO d	O (OR AS A CONTINUED OF INJURY — At . (Specify)	SEOUENCE COSEOUENCE CO	26. OTHER: 4 Nursing H ME OF 28c. I JURY M 1 street, fectory, of	PLACE OF DEATH ome 5 Residen NJURY AT VORK? VES 2 NO	In Part I	24a. WAS AN PERFOR 1 YES 2 Where (Specify) DESCRIBE HOW I OCATION (Street Inly or Town, State) cause(a) and main	AUTOPSY MED? NJURY OCCU and Number of	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	resulting in death) Sequentielly list conditifency, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injustification of the cause of the caus	ent condition ent co	b. DUE TO C. DUE TO d	O (OR AS A CONTINUED OF INJURY — At . (Specify)	SEOUENCE COSEOUENCE CO	26. OTHER: 4 Nursing H ME OF 28c. I JURY M 1 street, fectory, of	PLACE OF DEATH In Part I (Check only 28d. 1 28f. 1	24a. WAS AN PERFOR 1 YES 2 When (Specify) DESCRIBE HOW I COCATION (Street Couse(a) and maidate and place, er	AUTOPSY MED? NJURY OCCU and Number of	24b. 24b. Rural Ri couse(e) Signed	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL	resulting in death) Sequentielly list conditions, leading to immediate the cause. Enter UNDERLY CAUSE (Disease or Injury in the Initieted events resulting in deeth) LAS PART II. Other eignific A T II. Other eignific EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Death 2 Accident 3 Suicide 6 Death 4 Homicide 29e. CERTIFIER (Check only One) 2 MEE	ent condition of the co	b. DUE TO C. DUE TO d	O (OR AS A CONTINUED OF INJURY Day, Year) Of INJURY — At (Specify) of my knowledge, examination and	SEOUENCE COSEOUENCE CO	26. OTHER: 4 Nursing H ### A Nursing	PLACE OF DEATH PLACE OF DEATH PROBLEM STORMS PLACE OF DEATH PLACE OF DEATH PROBLEM STORMS PLACE OF DEATH PLACE OF DEATH PLACE OF DEATH PROBLEM STORMS PLACE OF DEATH in Part I (Check only 28d. 1 28f. 1	24a. WAS AN PERFOR 1 VES 2 There (Specify) DESCRIBE HOW I OCATION (Street Why or Town, State) cause(a) and mandate and place, er	AUTOPSY RMED? AUTOPS	24b. 24b. 1. 1. 1. 1. 1. 1. 1. 1. 1.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle

31. DATE FILED (Month, Day, Year)

2 1991



		isit permit. Pag)	ERAL DIRECTOR
BALTIMORE, MARYLAND 21215-0020	or death. Page 6 may be retained by the hospital or attending physician	he funeral director, page 5 should be detached for use as the burial-fraintail	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending by many be retained by the hospital or attending by the hospital or attending by the hospital or attending the hospital or atte	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG NO

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPA	RTMENT OF I	HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) ALZINA ISABELLE	FULLER		10/11/2 01	DEATT	2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER					11/5/91		10.20AM M			
	577-20-5749	1 D M 2 D F 80	yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/1/11	Coun	HPLACE (State or Foreign ry) .fornia			
TOR	9a. FACILITY NAME (If not institution, give s PRINCE GEORGES HOS RESIDENCE OF DECEDENT			96. CITY, TOWN	LY	DEATH	GEORGE				
DIRECTOR	Md. Prin	ce Georges		iversity			100				
AL	10a. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN OF	11-			
EA	6506 Queens Chape	1 Road			20782		U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	27 NO	If yes, sp	ENDENT OF HISP ecify Cuban, Mexic 2 X NO Spec	ANIC ORIGIN? (Specify Yes cen, Puarto Rican, atc.)	or No- 14. RAC	E - American Indian, k, White, atc. White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)		USUAL OCCUPATION Work done during me		16b, KIND OF BU	SINESS/INDUSTRY				
7	Unknown	College (1-4 or 5+) Unknown		ographer		Dont	of Comme				
OM	17. FATHER'S NAME (First, Middle, Last)	o interior with	Decil	ographer		IAME (First, Middle, Melden		rce			
	George Fuller										
BE	19a. INFORMANT'S NAME (Type/Print)		Table Management	ADDRESS (Ov.		phine Corra					
은	Georgina Bush					Rd. Univers		, Md. 20782			
	20a. METHOD OF DISPOSITION 1 Buriel 2X X Orematton 3 Remo	OVE FROM Similar Cornets	LACE AND DATE	OF DISPOSITION (NE	me of	DATE 20c. LO	CATION - City or To	own, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	I Me	rppol	itan Fun	eral Se	r.11-6-91 _{A1}	exandria	, Va.			
	· / auto k	713.6	/	Gasch	s Funer	ral Home - Md. 20781	4739 Bal	timore Ave.,			
CERTIFICATION	23. PART i. Ertar tha diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory erreat, anock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Exacebation Chronic Obstructive Pulmonory Difference of the polymonory Difference of th										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	a contributing to death but	not resulting	in the underlying	j cause given in	Part i. 24e. WAS AN PERFOR 1 YES 2	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C.	heck only one)					
YSI	1 TES 2 NO	HOSPITAL:	ent 3 🗆 DOA	OTHER: 4 Nursing Hom	5 🗀 Residenca	8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW IN	NJURY OCCURED				
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, term,	street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowleds: On the beels of exemination as	ge, death occurre	ed at the time, date	and piece, end du	e to the cause(s) and men a time, data and place, and	ner ae steted,) and manner es atated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, De) 11-5-91										
	30. NAME AND ADDRESS OF PERSON WHO	nberg 64	92 L	andove		Kanlover		785			
	31. DATE FILED (Monthly Den Years) 1991	32. AGISTHAR'S SIGNATU	n-Pandel	2			, 4				



32683

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	- 1	STATE OF N			ICATE				MENIA	REG. NO			
1. DECEDENT'S NAME (First	ERR	. FRY							2. DATE MONTO	OF DEATH	Î (YEAR 199	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)		6. BIRT Coun	HPLACE (State or Foreign try)
577-22-493		1 € XM 2 □ F	81	YRS.	at OITY	TOWN OF		011 05 0		:. 3,			hington, D.
		street and number)			~	hom of	LOCATI	ON OF DE	ATH			JNTY OF	
Doctors Ho					Lan	ham					Pri	nce	Georges
10a. STATE	10b. COUNT	Y			ry, town o								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				Was	shing		D. C				T		1 YES 2 NO
													WHAT COUNTRY?
700 7th St	E. S.W.	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. 1		2002	-	IIC ORIGIN	17 (Specify Y		S. A	E — American Indian.
1 Never Married 2 3 Wildowed 4 Div		FORCES? 1 IF YES, GIVE W	YES 2	10	- 1		offy Cube	n, Maxica	n, Puerlo	Rican, atc.)		Blac	white, etc. White
	CEDENT'S EDU		(Gi	ve kind of	work done			ng	16b	. KIND OF BI	JSINESS/IN		
Elementary/Secondary	(0-12)	College (1-4 or 5 +) life.	Do NOT L	ise retired.)				m ·	3.7			
17. FATHER'S NAME (First,	Middle Leath	5+	В	anke	r		40.1100			ggs N		al i	Bank
Samuel W.									L. B	Middle, Maide	ri sumame)		
19a. INFORMANT'S NAME			191	. MAILING	G ADDRESS	(Street an				ates ber, City or To	wn, State, 2	ip Code)	
William A.	Frv												20024
20e. METHOD OF DISPOSI	TION		20b. PLACE	AND DAT	E OF DISP	OSITION		11021	DAT		OCATION -		
4 Donation 6 Oth		novali from Staria	of cemetary. Cedar	Hi1	1 Cen	nete:	у	1	1/13	/91 S	uitla	nd.	MD.
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE			22.	NAME AND	ADDRE	SS OF FA	CILITY		4308	Suit	land Rd.
Dr	ya,	to The	chair		Rol	pert	E. '	Wilh	elm,				MD. 20746
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentisity list cond if eny, leading to imm cause. Enter UNDERL' CAUSE (Disease or in thet initiated events resulting in death) LA	Itions, edilete YING	DUE TO	(OR AS A CONSEC	CI DUENCE C	OF):	G MS	TR	M	York	NO 11-	HE 1191	MORR	Onest and Desi
PART II. Other algorithm	ANGH	JA PEC	TORIS					given in	Pert I.	24a. WAS A PERFO	PRMED?	7 24	Ib. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D/512	0109	ESTIKE	7 17 5	1 1	7716	TICE			_				1 YES 2 NO
25. WAS CASE REFERRED		4014	CLIL			28 DI	ACE OF I	DEATH /C4	eck only o	ne)			
EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ po4	OTHER								
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. Til	ME OF	28c. INJL	JRY AT	- and ented		SCRIBE HOW	INJURY O	CCURED	
1 Natural 5	Pending investigation	(Month, D	ay, 798/)	IN	IJURY M	1 🗌 Y	RK? ES 2 [NO					
0 1 0 1 1 1 1 1 1	Could not be datermined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm,	atreet, faci	tory, offica				CATION (Street or Town, State		er or Rum	l Route Number,
anal anny		SICIAN: To the beat of IER: On the basis of a											o(e) and menner es stated.
29b. SIGNATURE AND FIT			1			-		ENSE NU		0 . /			ED (Month, Day, Year)
Mich	sel	You	MO	W 07 (7	D-1:		D	28	140	14	>	11	11/9/
30. NAME AND ADDRESS	5506	GREE	V LND	NG.	RD	UPF	H+	MEL	LB	ORI	MI	0 2	0772
31. DATE FILED TO	1 5 199	32. REGISTRA	A STENATURE	-Ranc	tall								

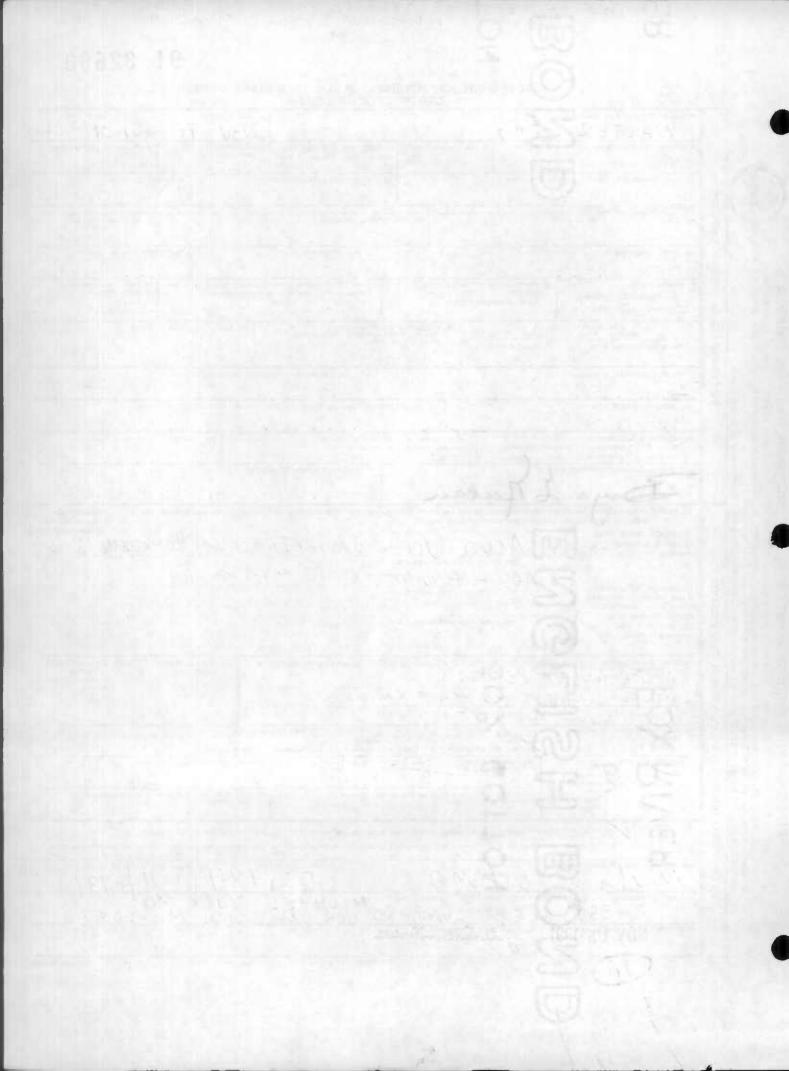
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



examiner must be notified at once.	IMPORTANT: If them 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical early de Control of
examiner must be notified at once	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
funeral director, page 5 should be detached.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25. As after death. Page 6 may be retained by the hosp

1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			Little	ICAIL	OF DEA	ПП	REG. N	0.	3. TIME OF DEATH			
	JOSEPH J. FRIED	DLAND							0AY	91 6:50AM			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	ast birthday)	IF UNDER 1		ER 24 HRS.	7. DATE OF BIRTH	09	8. BIRTHPLACE (State or Foreign			
	067 09 4328 9e. FACILITY NAME (If not institution, give s	1 M 2 D F	77	YRS.	MONTHS	DAYS HOURS		Jan. 27	Austria				
OR	PRINCE GEORGE'S HO			TOWN OR LOCAT	JION OF DI	EATH		NCE GEORGE'S					
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y		100 CIT	V TOWN OF	R LOCATION							
DIRECTOR	Maryland Prince	Boy		LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
ERAL	100. STREET AND NUMBER 12614 Kornett Lar	ne				101. ZIP COI				ZEN OF WHAT COUNTRY?			
FUNI	11. MARITAL STATUS	12. WAS DECEDEN			13. W		_	NIC ORIGIN? (Specify Y		ed States			
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	No.	lf lf	yea, specify Cub	en, Maxica	in, Puarlo Rican, atc.)	or no	14. RACE — American Indian, Black, White, atc. Specify: White			
LETED	15. DECEDENT'S EDUC (Specify only highest grade		18a. D	ECEDENT'S	USUAL OCK	CUPATION uring most of work	dna	16b. KIND OF B	USINESS/IND				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	")	e. Do NOT us Dticia		uring most of work	my	Doctor	s Off:	ice			
COMPL	17. FATHER'S NAME (First, Middle, Last)				111	18. MOI	THER'S NA	ME (First, Middle, Malde		100			
ш	Samuel Friedland												
00	19a. INFORMANT'S NAME (Type/Print)		15	9b. MAILING	ADDRESS	(Street and Number	aran er or Rural	Pomarantz	un Stata Zin	Code			
5	19a. INFORMANT'S NAME (Type/Print) Verna Friedland 19b. Mailling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12614 Kornett Lane Bowie Maryland 20715												
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE DISPOSITION (Name of complex), cremetory or other place) 20c. LOCATION — City or Town, State												
	4 Donestion 5 Other (Specify) MEADOWRIDGE MEMORIAI, PARK												
	Beall-Evans Funeral Home, P.A. 16000 Annapolis Road Bowie Maryland 20715												
	23. PART I. Enter the disease, pr complications that couled the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximate												
	ehock, or heert feliure. I IMMEDIATE CAUSE (Finel disease or condition	List Dnly Dne Cet	Jae Dn eech lin	10.						intervel Between			
	resulting in deeth)	eDUE TO	(OR AS A CONSE	SOUENCE OF	ne n:	melals	191	ic Car	ensi	mac (4x			
NO	Sequentially list conditions	b. C.	eran	ion	n	07 %	las	Ider		1 year			
ATIC	disease or condition regulting in deeth) e. Curcal Syme metastatic Caremon (400) Due to (or as a consequence of): b. Curcal Syme metastatic Caremon (400) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
FIC		c. DUE TO	(OR AS A CONSE	OUENCE OF	n:								
CERTIFICATION	resulting in deeth) LAST	A			,.								
C	DART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
S	TAIT II. Other significant spinotipe.	s contributing to	death but not	resulting	n the uno	erlying cause	given in	Part I. 24e. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO			
EDICA								1 TYES	2 NO	OF DEATH?			
Σ								_		1 TYES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF C	DEATH (Ch	eck only one)					
/SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	3 DOA	OTHER:			6 Other (Specify)					
у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIME INJU	E DF 2	Sc. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW	RIBE HOW INJURY OCCURED				
	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE Of building.	F INJURY — At ho	ome, ferm, a	treet, factor			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ED BY				Ony or rown, state)									
ETED	DO- OFFICIEN		29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.										
TED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC									id.			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

LECTION TO THE L. MD 3231

1991

32. REGISTHAR'S SIGNATURE
Julia Davidson-Randala

St. DATE FILED (MONth, Day, Year)

NOV 1 3

DHMH-16 Rav 1/89

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BALTIMORE, MARYLAND 21215-0020	is after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages and with the State Oept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	the first of the second for the second file of the
N OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	IG PHYSICIAM: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the sate Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nember of the board out follows are abless from the mention accompany accompany and the section of the section

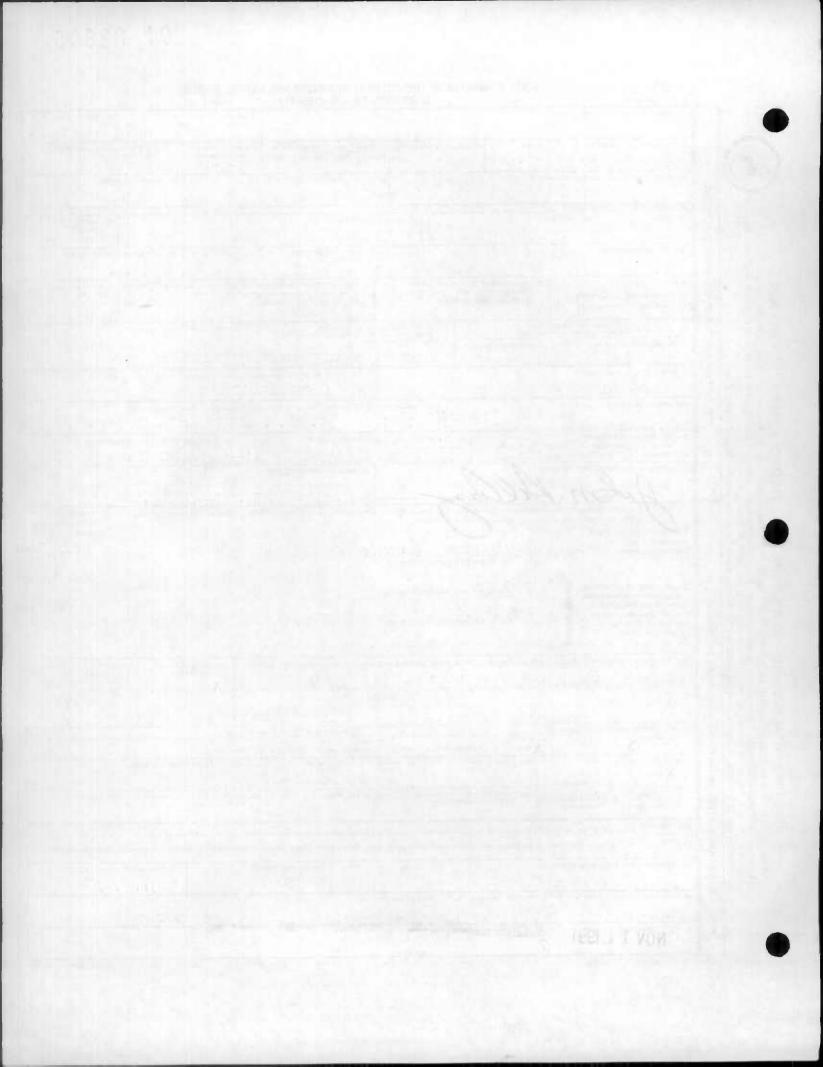
		FOR 1 - STATE	STATE OF MARYLAND /	DEPARTMI	ENT OF H	EALTH AN	D MENTA	L HYGIENE		32685			
•		1. DECEDENT'S NAME (First, Middle, Lest) A SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	birthday) IF U	NDER 1 YEAR	IF UNDER 24 HF	NONT NO OATE	OF BIRTH	198	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH BIRTHPLACE (State or Foreign	М		
	TOR		treef and number) ERAL HOSPITAL	YRS. MONT		PR LOCATION OF BURY		n, Oay, rear)		COMICO			
nit. Pages	DIRECTOR	10a. STATE 10b. COUNTY	WORCESTER	10c. CITY, TO	WN OR LOCAT	BERLI	N			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
an. ransit permit.	FUNERAL	10e. STREET AND NUMBER	10610		101	21811			10g. CITIZEN	OF WHAT COUNTRY?			
215-0020 attending physician. se as the bunal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 VES 2 N IF YES, GIVE WAR OR DATES			city Cuban, Ma		i? (Specify Year Ricen, atc.)	or No — 14.	RACE — American Indian, Black, White, atc. Specify: BLACK			
21 for u	ONCE.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6th	Completed) (Gh	EDENT'S USUA TO KIND OF WORK OF DO NOT USE PETER ABORER	lone during mo.	DN st of working	16b	POULT	RY GRO				
Z 2 2	m m	17. FATHER'S NAME (First, Middle, Last) UNKNOWN					NAME (FIRST, I	Middle, Malden Si	umame)		-		
MA De retain De 5 sho	TO B	19a. INFORMANT'S NAME (Type/Print) KATE B. FUTRELL				AS AB		ber, City or Town,	State, Zip Coo	de)			
OR ma e 6 ma rector, p	Must	20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		ND DATE OF DIS	EVERGR	REEN	11-	-18 B	ERLIN.				
death death	examiner	21. SIGNATURE OF PUNERAL SERVICE LIC	Jallen		SALIS	BURY,	MD. 21	801		2, BOX 920			
in 24 mours at ely filled in by nation, or remo	event, the medical	23. PART I. Enter the diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Finst disease or condition resulting in death)	s. BRAIN D Due TO (OR AS A CONSEO	EA-77.	}					Approximate Interval Batwas Onsat and Des	sth		
Co. BOX 68 certificate be executed physician and Hygiene prior to bur	or other traumatic	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
RECOR v requires that been signed b t. of Health ar	MEDICAL	PART II. Other significant condition	s contributing to death but not re	aulting in the	underlying	causa givan	In Part I.	24e. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	S		
TA The	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		HER:	ACE OF DEATH					_		
OF PHYSICI this cer with th	BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI	JRY AT		CRIBE HOW INJ	JURY OCCUR	ED			
ISIC TTENOI TOR: A after d	Z8 IS	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At hon building, atc. (Specify)	ne, farm, atreet,	factory, office		281. LOC City	ATION (Street and or Town, State)	d Number or F	Rural Route Number,			
	의 군		CIAN: To the beat of my knowledge, dea R: On the beals of exemination and/or in							ause(a) and mannar as stated.			
TO THE HOSPITAL TO THE FUNERAL be filed within 72	BE	296. SIGNATURE AND TITLE OF CERTIFIER	MI)		29c. LICENSE D 19	NUMBER 432		29d. DATE SI	GNED (Month, Day, Year)			
	01	30 NAME AND ADDRESS OF PERSON WHO	208 2 5	1025		8+	S	HISB	ury	MOZIA	0		
	VA	31. NOV 1991	Fished BERTHARRA STATEMENT						1				

(1, 2. 3 shull	
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shull be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or embodi.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

FOR STATE REGISTRAR		STATE OF MARY	LAND /	DEPARTI	MENT	OF HEALT	H AND	MENT	AL HYGIEN			
1. DECEDENT'S NAME (First, MI JENNIE M.		GERALD							EMBER	, 199	YEAR	12:26a M
4. SOCIAL SECURITY NUMBER 026-44-44 15 9a. FACILITY NAME (# not instituted)	1	□ M 2 万 F	E (In yrs. las	YRS.	ONTHS	DAYS HOUR		7. DAT (Mo	E OF BIRTN onth, Day, Year) -8-54		Country) MARY	ACE (State or Foreign
The Johns Ho	pkins					imore		EATN		9c. COUNT Balt		e City
MD 10e. STATE 10	SOME	RSET				ESS ANN	IE					0d. INSIDE CITY LIMITS?
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13681	rried 12	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X N		11	2 185 AS DECENDEN yes, specify Cu YES 2 X N	T OF NISPA	en, Puert	ilN7 (Specify Yes o Rican, etc.)		Specify:	- American Indian, White, etc.
(Specify only his		ION mpleted)	(Gi	CEDENT'S US	k done du	CUPATION uring most of wo	rking	-10	Bb. KIND OF BU	SINESS/INDU		ITE
12 Years		College (1-4 or 5+) 2 Years	life.	Do NOT use n	etired.)	TECHNI			CONTRA	ACTOR		
7. FATHER'S NAME (First, Middle						-		ME (First	, Middle, Maiden			
PAUL MURPHY								-	URPHY			
90. INFORMANT'S NAME (Type) MARK FITZGERA			19b						CESS AN			1853
0a. METNOD OF DISPOSITION Burlal 2 X Cremetton	3 Remova	I from State	0b. PLACE A	ND DATE OF I	DISPOSIT	ION (Name of		-	TE 20c. LO	CATION — CI	y or Town	, State
□ Donellon 5 □ Other (Sp I. SIGNATURE OF FUNER NO.		SEF /	SALI	SBURY	-	MATORY		1,1-	16 SAI	LISBUR	Y, M	ARYLAND
· auto	n. k	Sellow.	~		501	HOLLOW SNOW	AY FU	JNER RD.	AL HOMI	BURY.	MD	21801
S PART Enter the dise shock, or hear MMEDIATE CAUSE (Fine disease or condition esulting in deeth)	t laliule, Lis	MULTIORG	Aw	FAILU		he mode of o	ying, suc	h es ce	rdiec or respi	ratory erres	it,	Approximate intervel Between Onset end Death
sequentielly list condition: any, leeding to immediet ause. Enter UNDERLYING AUSE (Disease or injury net initieted events esuiting in death) LAST	e e	DUE TO (OR AS	A CONSEO	UENCE OF):								10 15.914w
STATUS RU	T //V	ontributing to death	but not re	esuiting in t			given In	Pert i.	24e. WAS AN PERFOR 1 7 YES 2	MED?	A) C)	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE F DEATIN? YES 2 NO
. WAS CASE REFERRED TO ME EXAMINER?		QSPITAL:				26. PLACE OF	DEATN (Ch	eck only	one)		1	
1 TYES 2 NO		Inpatient 2 - ER/Ou		DOA 4	_	ng Nome 5 🗆	Residence	8 🗆 Oth	er (Specify)			
MANNER OF DEATN 1 Netural 5 Pen 2 Accident Inve	ding atigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME O		8c. INJURY AT WORK? 1 YES 2	□ NO	28d. DE	SCRIBE NOW I	NJURY OCCU	RED	
3 Suicide 8 Cou	ld not be rmined	28e. PLACE OF INJUR building, atc. (Sp	RY — At hon	ne, farm, atre	et, fector	y, office		281. LO C/t	CATION (Street a y or Town, State)	nd Number or	Rural Rou	e Number,
(Check only one) 1 CERTIFYI 2 MEDICAL	NG PNYSICIAL	N: To the best of my kno	wladge, das	th occurred a	nt the tim	e, data and pla nion, death occ	ca, end due	to the co	ause(a) and mar	ner es stated.	cause(a) a	nd menner as steted.
b. SIGNATURE AND TITLE OF	CERTIFIER	10	,		118		CENSE NUM	ABER				onth, Day, Year)
NAME AND ADDRESS OF PE	BSON WHO CO	OMPLETED CAUSE OF S	EATN WYP	270 /3		J	7323	2		11	191	91
ENCOMEN	66	02 coppen	Rock	DIL	nt)	+ T-2	117	1~1/12	,100	7,200		
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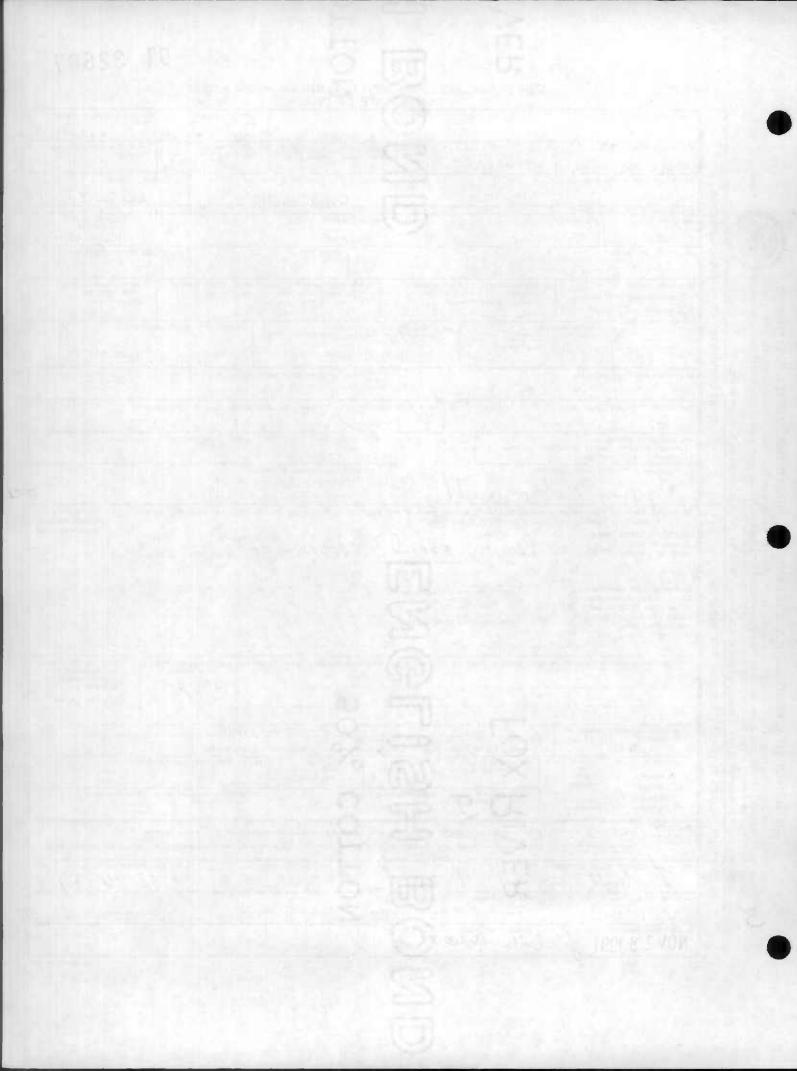
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Robustiano J.

32. REGISTRAR'S SIGNATURE

L	1.20114								2. DATE OF DI	DAY	,	YEAR	
L	42	- 12			GI	MOR	137		NOV	13	9		1700 HR
ŀ		SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day,		8	. BIRTHPL Country)	ACE (State or Foreign
	215 20 5806	□ M 2 💥 🛣	90	YRS.						8-190)1	MD	
1	9a. FACILITY NAME (If not institution, give street				9b. CITY	, TOWN O							
11-	Allegany Co. Nur	sing Ho	me			CL	MB::	RLA	ND		A	LLE	GANY
	10a, STATE 10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ON					10	Dd. INSIDE CITY
	MD Alle	gany		C	'umbe	rlan	d.					Х	LIMITS?
	10e. STREET AND NUMBER						ZIP CODE			10	0g. CITIZE	N OF WH	AT COUNTRY?
L	554 Greene Stree	t					2150	02			US	A	
П	11. MARITAL STATUS	FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARA YES 2 2 AAAAAR OR DATES	EO			cify Cuba	n, Maxica	NIC ORIGIN? (Sp in, Puarto Rican, y:		No- 1	4. RACE — Black, \ Specify:	- American Indian, White, atc.
1													hite
	15. DECEDENT'S EDUCATI (Specify only highest grade con	npieted)	(Glv	e kind of	work done se retired.)	during mos	N at of workin	ng	18b. KINC	OF BUSINI	ESS/INDU	STRY	
1		College (1-4 or 5 +)		of l		keer	aina		Ft. C	dmi	Hot	o1
1	12 17. FATHER'S NAME (First, Middle, Last)		1.	icaa	OL I	lous			ME (First, Middle			1100	ET
	Edgar Tasker								a Bombe		marrier		
1	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a					State, Zip C	(ode)	
196. INFORMANT'S NAME (Type/Print) Mr. Jack Gilmore 199. MAILING ADDRESS (Street and Number or Rural Route Number, 952 Braddock Road Cumberla					mberlar								
ı	20a, METHOD OF DISPOSITION 1 Granal 2 Cremation 3 Remova		20b. PLACE	AND DAT	E OF DISP	POSITION		2 00	DATE	20c. LOCAT		_	n, Stata
ı	4 Donation 5 Other (Specify)	I from State	of cemetary. Hill	crematory CYCS	or other p	iria]	Par	ck	11-15	Cur	Cumberland, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	11			NAME AN	D ADDRE	SS OF FA	CILITY		77		
	+ Homes 7 of	Chik	111:						uneral				
1	23. PART/I. Enter the diseasee, or com	plications ma	ceused tha dea	used the death. Do not antar the mode of dying, such as cardiac or response						ory arre	st,	Approximeta	
	/ ehock, or heert fellure. Lis IMMEDIATE CAUSE (Finel	t only one cau	se on each line.										Onsat and Deat
	disease or condition	Conol	00000	es (Din	1	TI	Tel	ent				
1	rasulting in death) a	DUE TO	OR AS A CONSEO	-		_ V \							
	6 b.												
	Sequentially list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEO	UENCE C	F):								
	CAUSE (Disease or injury												
П	that initieted evente resulting in deeth) LAST	DUE TO	(OR AS A CONSEO	UENCE C	PF):								
	d												
	PART II. Other eignificent conditions of	contributing to	death but not re	sulting	In the u	nderlyln	cause :	given in	Part I. 24a.	WAS AN AU			VERE AUTOPSY FINDINGS
ı									1	YES 2		C	COMPLETION OF CAUSE OF DEATH?
										/			TYES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHE		ACE OF D	EATH (Ch	neck only one)				
ı	1 TYES 2 NO 1	☐ Inpatient 2 ☐	ER/Outpatiant 3	□ DOA			e 5 □ R	naldenca	8 - Other (Spe	ecify)			
	27. MANNER OF DEATH 1 N. Neturel 5 Pending	28a. DATE OF (Month, D		28b. TII	ME OF JURY		RK?		28d. DESCRIE	E HOW INJ	URY OCCI	JRED	
1	2 Accident Investigation	00 DI 105 0	T IN I III III III III III III III III I		М		rES 2	NO					
ı	3 Suicide 6 Could not be 4 Homicide detarmined	building,	F INJURY — At hor atc. (Specify)	ma, rarm,	street, rec	nory, omc			26f. LOCATION		Number o	r Hunai Hoi	ute Number,
1	20. CETTIFIED	-		-									
	(Check only one) 1 CERTIFYING PHYSICIA EXAMINER:												

Barrera, M.D., Memorial Hospital Med Bldg., Cumberland, MD 21502



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within before death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrial effect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

)		
	1. DECEDENT'S NAV First, Middle, Last)	md	E G	rol	47	81		2. DATE OF DEATH	TAY - 9	YEAR	3. TIME OF GEATH M
	4. SOCIAL SECURITY HUMBIN	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	-/-	Country	
	9a. FACILITY NAME (If not institution, give str		00		Oh CITY TO	WN OB LOC	ATION OF DEA	9/8/23	I ac cou	Mass NTY OF DE	
OR OR	DOCTORS COMMUNITY		L			HAM_	KIION OF DEA	un			EORGE
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			L	Y, TOWN OR L						
DIRECTOR		eorges		10c. CIT	Green						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	#4 Greendale Pl				17.	101. ZIP CO	770			J.S.A	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AF YES 2 1 WAR OR DATES WWW II	RMED NO	It ye		ban, Maxican	C ORIGIN? (Specify Ye , Puarto Rican, atc.)	a or No	14. RACE Black Specifi	- American Indian, , White, atc. y: White
	15. DECEOENT'S EOUC. (Specify only highest grade of		18a. DE		USUAL OCCU		nkina	16b. KIND OF BU	JSINESS/INC	DUSTRY	WILLE
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	se retired.)		rung				
P	1.7 FATHER'S NAME (First, Middle, Least)	ade Scho	201	Stea	m Fitt		OTHERIO MAR	Const	ruct	ion	
BE CC	Thomas Way Groh	t, Sr.					auline		ri Surnama)		
6	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS (St	reet and Num	ber or Rural R	oute Number, City or To	wn, State, Zij	Code)	
	Mrs. Raymond E.	Groht.			endale			belt, Md	. 207		
	1 Densition 1 Densition 1 Densition 2 Densition 3	val prem State	other p	lace)	meterv		erematory or		tonsv		
	21. SIGNATURE OF FUNERAL SERVICE LICE				22. NAB	E AND ADD	RESS OF FAC	ILITY			imore Ave.,
	1/ acc/	HO LE	okan	un				1d. 20781	17.55	<i></i>	inolo livov,
	IMMEDIATE CAUSE (Final disassa or condition	ANT	use on each line		2001	V 100 10 10	11 17760	exulat	dis	ask	Approximata Interval Batwesn Onset and Death
TIFICATION	disassa or condition resulting in dasth) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disessa or Injury that initiated avents	DUE TO		COUENCE O	0F):	Vara	uora	sulv	din	Carl	Interval Between
CERTIFICATION	disassa or condition resulting in dasth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disessa or Injury	DUE TO	OCOR AS A CONSE	COUENCE O	0F):	Vard	nora	essulv!	din	Cark	Interval Between
MEDICAL CERTIFICATION	disassa or condition resulting in dasth) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disessa or Injury that initiated avents	DUE TO	OCR AS A CONSE	QUENCE O)F):)F):			Part I. 24a, WAS A	N AUTOPSY DRMEO?		Interval Between
MEDICAL	disassa or condition resulting in dasth) Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disessa or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions	DUE TO	OCR AS A CONSE	QUENCE O	IF): In the under	rlying caus	e givan in l	Part I. 24a. WAS A PERFO	N AUTOPSY DRMEO?		Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	disassa or condition resulting in dasth) Sequantially list conditions, if sny, leading to immediata cause. Entar UNDERLYING CAUSE (Disessa or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO	O (OR AS A CONSE	QUENCE O	other:	riying caus	e givan in l	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY DRMEO?		Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	disassa or condition resulting in dasth) Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disessa or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO DUE TO B contributing to HOSPITAL:	OCR AS A CONSE	QUENCE O	other:	riying csus 28. PLACE O	e givan in i F DEATH (Che I Residence	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMEO? 2 NO	24b	Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	disassa or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 A 128 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO B contributing to HOSPITAL: 1 Inpattent 2 28a. DATE O	OCR AS A CONSE	QUENCE O	other:	riying caus	F DEATH (Che	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMEO? 2 NO	24b	Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	disassa or condition resulting in dasth) Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO B contributing to HOSPITAL: Inpettent 2 28a. DATE O (Month, incompanion)	O (OR AS A CONSE	QUENCE O	OTHER: OTHER: A H Nursing ME OF 26 JURY M 1	PLACE O Home 5 C. INJURY AT WORK? YES	F DEATH (Che	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMEO? 2 NO	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	disassa or condition resulting in dasth) Sequentially list conditions, if smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disessa or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO DUE TO B contributing to B contributing to B contributing to Clan: To the best of	O (OR AS A CONSE	QUENCE O	OTHER: 4 Nursing ME OF 26 JURY M 1 street, tectory,	riying caus 28. PLACE O Home 5 C. INJURY A WORK? YES office	F DEATH (Che Residence Dece, and due	Part I. 24a. WAS A PERFC 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, State to the cause(a) and m	N AUTOPSY DRMEO? 2 NO INJURY OC t and Number of the state	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	disassa or condition resulting in dasth) Sequentially list conditions, if smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disessa or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO DUE TO DUE TO B contributing to Cian: To the best of R: On the best of A:	O (OR AS A CONSE	QUENCE O	OTHER: 4 Nursing ME OF 26 JURY M 1 street, tectory,	riying caus 28. PLACE O Home 5 C. INJURY A WORK? YES office	F DEATH (Che Residence Dece, and due	Part I. 24s. WAS A PERFE 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Streec') City or Town, State to the cause(s) and making, data and place,	N AUTOPSY PRIMEO? 2 NO INJURY OC t and Number e)	24b cCURED or or Rural F	Interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	disassa or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO B contributing to Cian: To the best of R: On the best of A:	O(OR AS A CONSE O (OR AS A CONSE	QUENCE O	OTHER: 4 Nursing ME OF 26 JURY M 1 street, tectory, red at the time	rlying caus 26. PLACE O Home 5 C. INJURY AI WORK? YES offica	F DEATH (Che Residence NO Rece, and due	Part I. 24s. WAS A PERFE 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Streec') City or Town, State to the cause(s) and making, data and place,	N AUTOPSY PRIMEO? 2 NO INJURY OC t and Number e)	24b cCURED or or Rural F	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset on On



Regiment E Great &

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last		U	ERTIF	CATI	E OF	DEATH	2. DA	REG. NO.	NY V	EAR	3. TIME OF DEATH
		rogan						1				1:44
	4. SOCIAL SECURITY NUMBER 214-42-4746	5. SEX	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HR	. (Mo	TE OF BIRTH onth, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give	street and number)	10		9b. CIT	Y, TOWN (OR LOCATION OF		23/44	9c. COUNTY		ington,
DIRECTOR	8910 Hickory Hil	1 Avenue				Lanl						George's
DIRE -		ce George	s		nhan	OR LOCAT	TION					IOd. INSIDE CITY LIMITS?
ERAL	8910 Hickory Hil	1 Avonue				101	ZIP CODE					IAT COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13.	WAS DEC	20706 ENDENT OF HIS	PANIC ORIG	GIN? (Specify Yea	or No.— 14.	S. F	- American Indien
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA		NO		If yea, sp	ecify Cuban, Mer	icen, Puert	o Ricen, etc.)		Bleck, Specify	White, atc. White
ETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	10	CEDENT'S I	rork done			1	66. KIND OF BUS	INESS/INDUST	RY	
	Elamentary/Secondary (0-12)	College (1-4 or 5+)		. Do NOT use	,							
COMPL	17. FATHER'S NAME (First, Middle, Last)	None	S	ecret	ary		18 MOTHER'S	NAME (Fire	U.S. G		U.S	S.D.A.
BEC	Ernest P DiGEN	NARO							Manili	,		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number or Rui	al Route Nu	mber, City or Town	, State, Zip Coo	de)	
F	Oliver Patrick G	rogan							Lanham			d 20704
	28s, METHOD OF DISPOSITION 1 XBurtal 2 Cremetion /3 Ren	royal from State	20h PLACE	ANDDATEO	E DISPOS	ITION /No	mo of	1 0	75 200 100	TATIONI ON	- T.	
	4 C Donetion 5 C Other (Specify)	00	Gate	i He	aven	Cen	netery	11/13	/91 Sil	ver Sr	rin	g, Mary
	21. SIGNATURE OF TUNEDAL SERVICE LI	Cayle / 4	//		Fr 8	NAME AN	D ADDRESS OF	FACILITY	ons Fune	eral H	Omo	DA
	1 / lux	d/~	Han-		47	39 B	altimor	ο Δπ	e., Hyan	ttowil	ome 1	, FA
	23. PART I. Enter the disease, or	complications that	ceueed the de	eth. Do no	ot enter	the mo	de of dying, a	uch aa ce	rdiac or reepir	retory arrest,	re.	Approxime
	ahoo or heert fellure. IMMEDIATE CAUSE (Finel	List only one caus	e on eech line).								intervel Be Onset and
	disease or condition resulting in death)	a. Increa. DUE TO (ed In	hacvai	nial	DYC	Cure					1
	Towning in douting						42 01. 0					hours
N	Sequentially list conditions.	a Cerebel				nal						2 years
CATION	if any, leading to immediate	DUE TO (OR AS A CONSE	DUENCE OF):							
2	CAUSE (Disease or injury	C	NR 40 4 00 10 T									
RTIF	thet initieted events recuiting in deeth) LAST	DOE 10 (6	OR AS A CONSE	DUENCE OF)):							
CEL		d										
AL	PART II. Other eignificent condition	ns contributing to d	eath but not r	esuiting in	the un	derlying	cause given	in Part i.	24a. WAS AN A	AUTOPSY		
EDICA									PERFORM		0	WAILABLE PRIOR 1
ME												F DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSSITA					ACE OF DEATH	Check only	one)			
YSI	1 YES 2 NO	HOSPITAL:	ER/Outpatiant 3		OTHER 4 Num		5 Paldenc	a 6 🗆 Ott	ner (Specify)			
PHY	27. MANNER OF DEATH	26a. DATE OF II (Month, Day	JURY Year)	26b. TIME INJU		26c. INJU		26d. Di	SCRIBE HOW IN	JURY OCCURE	D	
ВУ	1 Natural 5 Pending 2 Accident Investigation				M		ES 2 NO					
a	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	me, farm, at	reet, fect	ory, office		261. LO Cit	CATION (Street and y or Town, State)	nd Number or R	ural Rou	te Number,
3	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the heat of m	n knowledge de									
	(Check only	CIAN: To the best of m	y knowledge, de	ath occurred	f at the ti	me, data	and place, end d	ue to the c	ause(a) and mann	ner as stated.		
MPLET	one) 2 MEDICAL EXAMINE	R: On the basis of ave	mineties sedies i									
COMP	2 MEDICAL EXAMINE	R: On the basis of exa					eath occured at ti	he time, da	a and placa, and	dua to the car	use(a) a	nd manner aa st
BE COMP	2 D MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE Dr. Edward T. Cul	R: On the basis of exa	03 Mar1	boro	Pik	e	29c. LICENSE N	UMBER			NED (M	lonth, Day, Year)



Dr. Edward T. Cullen, MDCapitol Hgts, MD 20743 D24607

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Ldward T-Culling W.

31. DATE FILED (Month, Day, spart) 1991 32. REGISTRATES SIGNATURE Pandell

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	D.	
	1, DECEDENT'S NAME (First, Middle, Last)	PH G	RAY			2. DATE OF DEATH		S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 418-34-8526		E (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-7 -7 6.	BIRTNPLACE (State or Foreign Country) Alabama
TOR	90. FACILITY NAME (If not institution, give str Leland Malmon RESIDENCE OF DECEDENT			1.400	RDAL		PRINTY PRINTY	CE GEWAGE'S
DIRECTOR	10e. STATE 10b. COUNTY PRI	INCE GEN	ROE 10c. CITY, T	OWN OR LOCAT	TWO	9		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL	4142 BUNKER	HILL R	DAD	101	. ZIP CODE	722		S.A.
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF 1946 - 195	ES 2 NO R DATES	If yes, sp		NIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	98 or No— 14	RACE — American Indien, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during mo etired.)		16b. KIND OF B		ТНҮ
S S	17. FATHER'S NAME (First, Middle, Last)		1		18. MOTNER'S NA	ME (First, Middle, Maide		
BE	Joseph W. Gray		105 MAILING AS	ODESS (Street		V. Whatle	7	nofe)
2	Clara Smith							k,DE. 19966
	20e. METHOD OF DISPOSITION 1 © Buriel 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	rval from State	20b. PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or	20c. L		y or Town, State
	21, SIGNATURE OF FUNERAL SERVICE LIC	Terbort			E. Wilh		4308 Su Suitlar	uitland Rd. nd, MD. 20746
	23. PART I. Enter the diseases, or c shock of heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List dply one cause of	Array	Thmi	'n			Approximata Interval Batween Onset and Death
CERTIFICATION		DUE TO (OR A				tho RM	hepp	hours
	PART II. Other significant conditions	contributing to deat	h but not moulting in	the underlyin	a ceura aluan la	Port I Total Mag	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS
N: MEDICAL					g vados given in	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		
Y PHYSICIAN: M	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation	1 Inpetient 2 ER/C	Dulpatient 3 DOA 4 RY 28b. TIME (INJUR	Nursing Hon OF 28c. JN.	Ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW	/ INJURY OCCU	RED
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	-	URY — At home, farm, atre	el, factory, offic	•	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	cond only	CIAN: To the best of my kr						ceuse(e) and manner ee stated.
BE	206 SIGNATURE AND TITLE OF CERTIFIER	en de	Extuin	4a	29c. LICENSE NU	MBER 512	29d. DATE S	SIGNED (Month, Day, Year)
5	PAUL A. DEVICE	141) 42036	Repustous	int) Rel	Yyattse	ille MD	2078	21
	NOV 1 5 199	32. REGISTRAN'S S	Javason-Rande	00_				Alega H

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DNMN-16 Rev 1/89

GRAN JOSEPH

	REGISTRAR		0.		ICATE OF	D-7111	H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-	0				2. DATE OF I	DEATH		rEAR	3. TIME OF DEATH
	DAMUE	F	GORD	200			11	10		EAR I	1:20 A "
		5. SEX	6. AGE (In yrs. las	it birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF E (Month, De		8	. BIRTH!	PLACE (State or Foreign
		1 💹 M 2 🗆 F	83	YRS.			July		908 1		
C .	9a. FACILITY NAME (If not institution, give stre		1.0			OR LOCATION OF D	EATH	-	9c. COUNT	Y OF DE	ATH
2	Privace Georges	Hospi	tal Cei	oter	Ch	everlu	1		10's	ICE	Georges
DIRECTOR	10a. STATE 10b. COUNTY	-		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
ā	Maryland Prince	George'	S	Up	per Marl	boro					LIMITS?
AL	10e. STREET AND NUMBER				10	I. ZIP CODE		T	10g. CITIZE		HAT COUNTRY?
FUNERAL	11615 Chelte	nham Road	d		2	20772					5.A.
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yas or	r No— 14	. RACE	- American Indian,
ВУ	1 Naver Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA		fo	If yes, sp	ecify Cuban, Maxic	en, Puerlo Ricar	, etc.)		Bleck, Specify	White, etc.
ED E	15. DECEDENT'S EDUCA	71011								Blac	ck
	(Specify only highest grade co	ompleted)	18e. DE	ive kind of v	USUAL OCCUPATI- vork done during mo e retired.)	ON ost of working	16b, KIN	D OF BUSIN	ESS/INDUS	TRY	
PL	Elementary/Secondary (0-12) 5th	College (1-4 or 5+) N/A		bore			M	d St	ate 1	Road	d Comm.
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				. wac	a Contin.
	John Francis	Gordon					therine				
) BE	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street of	and Number or Rural				ndat.	
5	Henrietta Gordon				e as 10		Todio Hambai, O	ny or sown,	State, Zip GC	AUG)	
	205 METHOD OF DISPOSITION 1 XBurlal 2 Cremetton 3 Remov		20b. PLACE A	ND DATE C	F DISPOSITION (No	ime of	DATE	20c. LOCA	TION — City	or Tow	n State
	4 Donation 5 Other (Specify)		Resur	rect.	ion Cem.		14 91	Clin	ton,	Mar	yland
	21. SIGNATURE OF PUNERAL SERVICE LICES	WSEE C	A-		22. NAME A	D ADDRESS OF FA	CILITY Lee	Fune	ral	Iome	e, Inc.
	the loss	7 2	Lu		6633	Old Alex	kander	Ferry	Rd		
	23. PART 1. Enter the disease, or do	mplications that	ceused the de-	eth. Do n	ot enter the mo	on, Mary	rland 2	0735	001 00000		I American
	ehock, or heart failure. Li	at only one course	on each line.				as cardide	or reopirat	ory erres	٠,	Approximate intervsi Between
	disease or condition resulting in deeth)	AJ.	pirch	0-	Prew	nonii					Oneet and Deeth
	resulting in deeth) / e.		R AS A CONSED								Tweels
Z											
E	Sequentielly list conditions, if eny, leading to immediate	DUE TO (O	R AS A CONSEO	UENCE OF):						
S	CAUSE (Diseese or injury	DUE TO 10									
TIFICA		DUE TO (O	R AS A CONSEO	UENCE OF):						
CERTIFICA	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST										
AL CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other eignificent conditions	contributing to de	eath but not re	suiting in	the underlying			WAS AN AU			YERE AUTOPSY FINDINGS
DICAL	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions	contributing to de	eath but not re	suiting in	the underlying			PERFORME	D?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	CAUSE (Diseese or Injury that initiated eventa resulting in deeth) LAST PART II. Other eignificent conditions	contributing to de	eath but not re	suiting in	the underlying				D?	6	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions	contributing to de	eath but not re	suiting in	the underlying			PERFORME	D?	6	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST PART II. Other eignificent conditions Ole Linguistics And Circuit	contributing to de	eath but not re	suiting in	the underlying		10	PERFORME	D?	6	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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YSICIAN: MEDICAL	CAUSE (Disease Dr Injury that Initiated events resulting in death) LAST PART II. Other eignificent conditions. October 100 100 100 100 100 100 100 100 100 10	contributing to de	R/Outpetlant 3	esuiting li	28. PL OTHER: 4 Nursing Hom OF 28c. INJ	ACE OF DEATH (Ch	eck only one)	PERFORME YES 2	107	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other eignificent conditions October 2 10 10 10 10 10 10 10 10 10 10 10 10 10	Contributing to de	R/Outpatiant 3 JURY	DOA 28b. TIME	28. PL OTHER: 4 Nursing Hom OF 28c. NJ WO 1 1	ACE OF DEATH (Ch	eck only one) 6 Other (Spe	PERFORME YES 2	107	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease Dr Injury that Initiated events resulting in death) LAST PART II. Other eignificent conditions O c	Contributing to de	R/Outpetlant 3 JURY — At hon	DOA 28b. TIME	28. PL OTHER: 4 Nursing Hom OF 28c. INJ WY	ACE OF DEATH (Ch	eck only one) 6 Other (Spe	YES 2	JRY OCCUR	ED ED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
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BY PHYSICIAN: MEDICAL	CAUSE (Diseeee Dr Injury thet initieted eventa resulting in deeth) LAST PART II. Other eignificent conditions. Occ. 1 PL C. COLD. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA CHECK ONLY 1 CERTIFY PHYSICIA	10SPITAL: Inputiant 2 = 28e. DATE OF IN Month, Day. 28e. PLACE OF II building, atc.	R/Outpatiant 3 JURY - At hon c. (Specify)	DOA 286. TIME INJU	28. PL OTHER: 4 Nursing Hom OF 28c. NJ INV M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (Ch	eck only one) 6 Other (Spe 28d. DESCRIB 281. LOCATION City or Ton	PERFORME YES 2 City) E HOW INJU (Street end n, State) and manner	IRY OCCUR	ED Rural Roc	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
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D BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease Dr Injury that Initiated eventa resulting in death) LAST PART II. Other eignificent conditions of the co	CONTRIBUTING to do	R/Outpatiant 3 JURY Year) NJURY — At hon.: (Specify)	DOA 28b. TIME INJURIENT STATE OF THE STATE O	28. PL OTHER: 4 Nursing Hom OF 28c. INJ WO 1 Normal Control (Normal Contro	ACE OF DEATH (Ch	eck only one) 6 Other (Spe 28d. DESCRIB 281. LOCATION City or Tow to the cause(a) time, date end g	PERFORME YES 2 city) E HOW INJU (Street end n, Stete) and manner placa, and d	Number or i	ED Rural Rose	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO Wite Number, and menner ea stated. Wonth, Day, Year)
TO BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Diseeee Dr Injury thet initieted eventa resulting in deeth) LAST DART II. Other eignificent conditions of the co	CONTRIBUTING to do	R/Outpatlant 3 JURY 'bar' NJURY — At hom I knowledge, dea inination and/or in A-14- OF DEATH (ITEM 103	DOA 28b. Time injure the occurrent parties of the course o	28. PL OTHER: 4 Nursing Hom OF 28c. INJ INY M 1 No reef, lectory, office d at the time, data i, in my opinion, d	ACE OF DEATH (Ch	eck only one) 6 Other (Spe 28d. DESCRIB 281. LOCATION City or Tow to the cause(a) time, date end g	PERFORME YES 2 city) E HOW INJU (Street end n, Stete) and manner placa, and d	Number or i	ED Rural Rou	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO Wite Number, and menner ea stated. Wonth, Day, Year)

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46	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1.
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BALTIMORE, MARYLAND 21203-3146	leath. P.	funeral
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-frouts after death. Page 6 may be retained by the h TO THE FUNEFAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE
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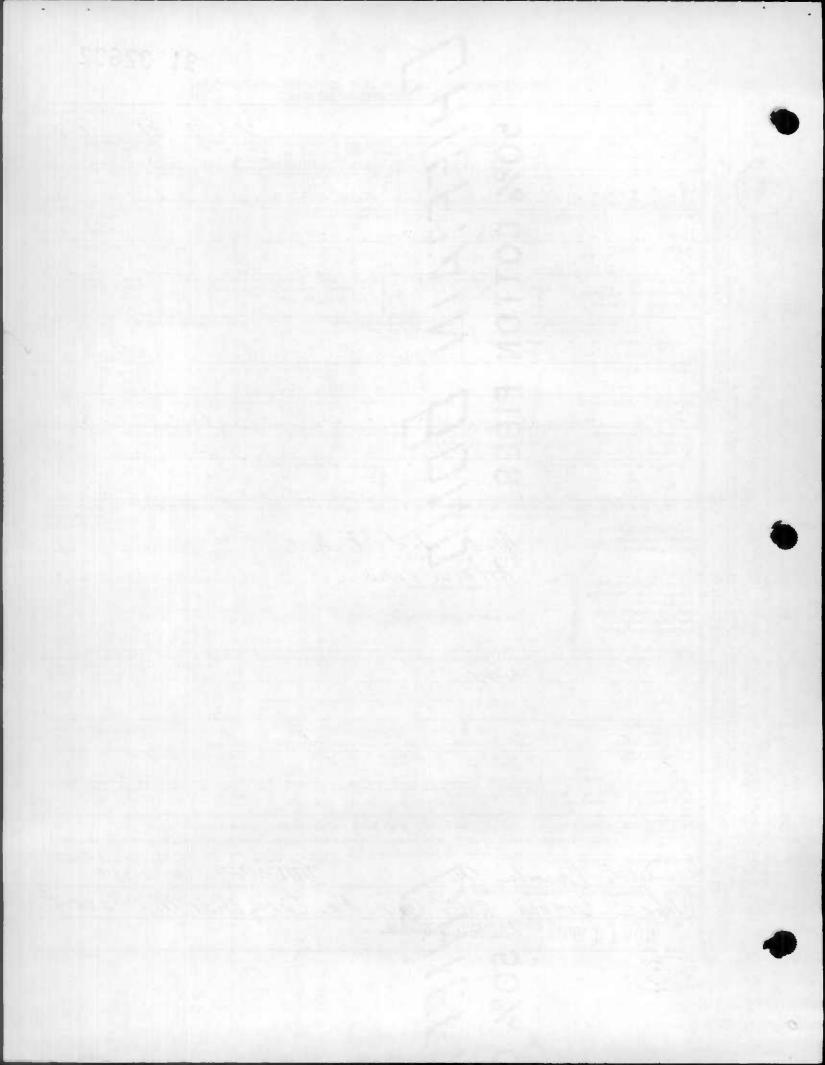
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E OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First, Middle, Last) Allen		Gaarden				2. DATE OF OEATN	Y / YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 474-05-0020	5. SEX	8. AGE (In yrs. last birthday) 73 YRS.		-	F UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	a. BIRTI Count	NPLACE (State, or Foreign ry)
DR	90. FACILITY NAME (If not institution, give st 4204 Amble		\ve	96. CITY, 1	1	OCATION OF DE	ATN	9c COUNTY OF I	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TY, TOWN OR	LOCATION				10d, INSIDE CITY
DIRECTOR	Marida I Mom	Lagrans	~ K			- m			UMITS?
	10e. STREET AND NUMBER	9		-lus	-	P CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	4204 Ambl	ar Dr	imp			MACI	95	U	115
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED				IIC ORIGIN? (Specify Yes	or No- 14. RAC	E — Americen Indien, ck, White, atc.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 IF YES, GIVE W	MR OR DATES			y Cuben, Mexica NO Specify	n, Puerto Rican, etc.)	Spec	
윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'	work done du	CUPATION uring most of	f working	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		use retired.)	30	lesma	in Brothe	thood	Fins. Col
CO	17. FATHER'S NAME (First, Middle, Last)				10	0 1	ME (First, Middle, Maiden	1	
BE	190. INFORMANT'S NAME (Type/Print)	marde		G ADDRESS	(Street and	Number or Burni	Route Number, City or Tow	n State Zin Code)	20895
5	Flora Gan	oden	420	4 A	mb	lar I	rive Ko	ensing	on, MD
	20e. METNOD OF DISPOSITION 1	oval from State	20b. PLACE OF DISPO	e four	ne of cernete	ery, cremetory or	1. School	CATION — City of 1	own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	22. N	AME AND	ADDRESS OF FA	CILITY Fun	enthe	one De
	23. PART I. Enter the diseases, or o	complications the	t caused the death. Do	not enter t	be mode	of didna auc	h an cardles or read	retory errest	Approximate
	immediate Cause (Finel disease or condition resulting in death)	M	190 C2 VO 12	OF):	Fail	line			Interval Between Onset and Death
TION	Sequentielly list conditions, if sny, leading to immediate	b. DUE TO	(OR AS A CONSEQUENCE	105 S OF):					
CERTIFICATION	csuse, Enter UNDERLYING CAUSE (Diseese or injury that initieted events resulting in deeth) LAST	eOUE TO	(OR AS A CONSEQUENCE	OF):					
		a					1		
MEDICAL	PART II. Other significent condition	A Contributing to	death but not resulting	In the und	derlying o	suse given in	Part i. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N.	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	7 50/0-14-14-14 A [] 004	OTHER	:	E OF DEATH (C)			
HYS	27. MANNER OF DEATH	26e. DATE Of	ER/Outpatient 3 DOA INJURY 28b. T	-	ing Nome 28c. INJUR		6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURED	
	1 Natural 6 Pending Investigation	(Month, L	Day, Year)	NJURY M	WORK	7 3 2 NO			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE C building.	OF INJURY — At home, ferm, etc. (Specify)	street, fecto	ory, office		28f. LOCATION (Street City or Town, State)	end Number or Rura)	Route Number,
COMPLETE	CONSON ONLY		f my knowledge, death occu						o(e) and manner se stated.
BE	STURMAND TITLE OF CERTIFIE	inha	mo		1	PALL	MBER 0/1024	29d. DATE SIGNI	(Mopth, Day, Year)
10	30. HAMP AND ADDRESS OF PERSON WITH	HOU ,	SE OF DEATH (ITEM 27) (Ty	pe, Print)	Ave	. Che	eus Chare	· Md	20815
	31. DATE FILED (Month, Day, Year) NOV 1 4 1991		AR'S BIGNATURE Rand	200			/		



DIVISION OF VITAL RECORDS, P.O. BOX 13146,



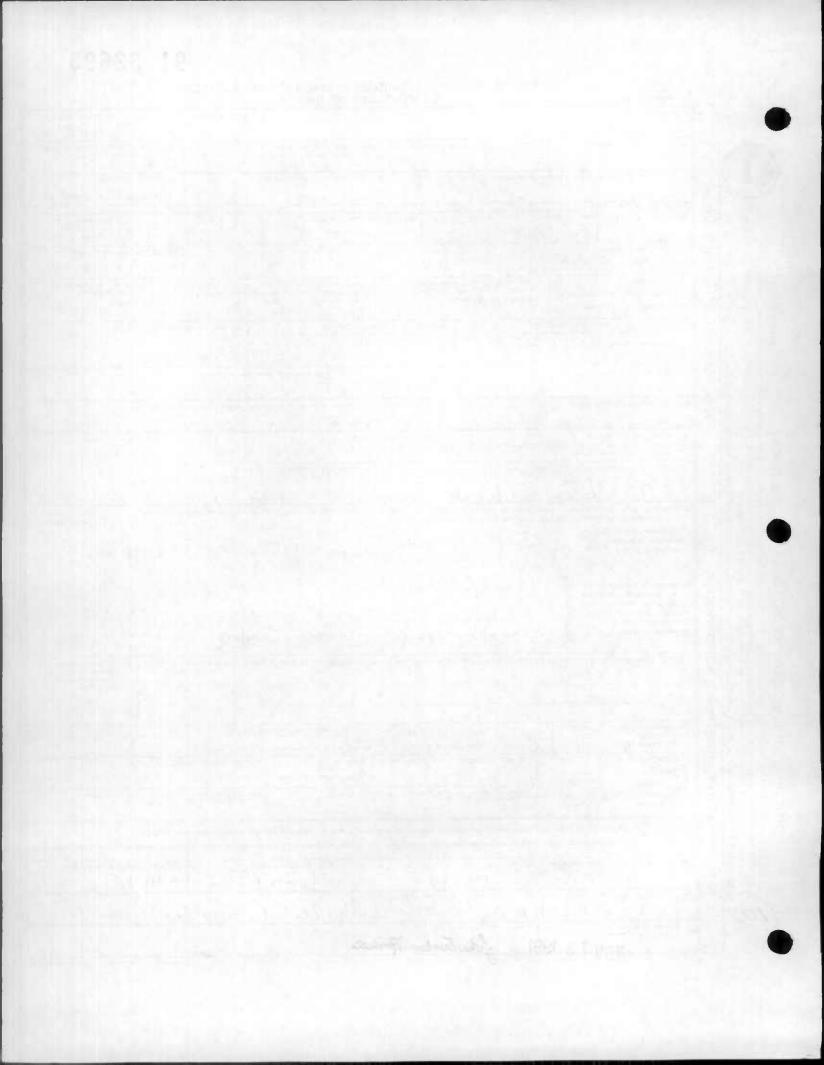
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH

	1 - STATE REGISTRAR	OIAIL OI II	CE	RTIF	ICATE	OF DEA	TH	MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lee	DE)			TOATE	J. DEA		2. DATE	OF DEATH			3. TIME OF DEATH	_
	PHILLIP	A	GREE	R				NOVE	mber	7. 19	991		м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE	OF BIRTH	,,	a. BIRTI	HPLACE (State or Foreign	
1	577 78 1999	1 🛣 M 2 🗌 F	35	YRS.	MONTHS D	NYS HOURS	MIN.	July	Des (per)	1956	V1	rginia	
- 1	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TO	WN OR LOCAT	TION OF D	EATH		9c. COU			
OR	Doctors Communi	tv Hospit	al			Lanham				Pri	**SINDUSTRY** **SINT HPLACE (State or Foreign Country) Finding States or No— 10d. Inside City Limits? 1 — YES XX NO 10g. CITIZEN OF WHAT COUNTRY? **United States or No— 14. RACE — American Indian, Black, White, atc. Specify: White **Ness/industry** **Nepairs** **Uname) 11er **State, Zip Code) 1.s Md. 20748 **ATION — City or Town, State exandria Virginia **Neproximata Interval Batween Onset and Death **Onset and D		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUR		like a	40- 00	Y, TOWN OR I					1	## States Specify: White ## States Specify: White ## Prince George's ## Pr		
DIRECTOR		nce George	c		emple							LIMITS?	
	10e. STREET AND NUMBER	ice dedige		10	embre	10f. ZIP COL	DE.			I as as			
RA	8601 Temple Hil	lls Road	Lot 1	20		2074							
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARM		13. WA	DECENDENT		NIC OBIGIN	2 /Casalty Va				
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 XNO		If yo	a, specify Cub	en, Mexica	an, Pua∩o F	Rican, atc.)	a or No			
ВУ	3 Widowed 4 Divorced		N	0		TEO E ESSIVE	opecii	No		3.5	Spec	White	
E	15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed)	(Giv	e kind of	USUAL OCCU	PATION og most of work	ing	16b.	KIND OF BU	ISINESS/INC	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		se retired.)					_			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Ма	nage	er					1	irs		
	Joe E. Greer								fiddle, Maiden	,			
BE	ton. INFORMANT'S NAME (Type/Print)		1 405	68 6 In mad									
2	Brenda L. Green	•										207/0	
	20a. METHOD OF DISPOSITION		20b. PLACE AI				Nu.	DATI	-				
	1 Burlel 2 Cremetion 3 Ra 4 Donetion 5 Other (Specify)	moval from Stata	cemetery, crem Metro	atory or o	ther place)	remato	rv	DATI	1000				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		POZ	22. NAI	IE AND ADDRE	ESS OF FA	CILITY	23	Texal	Idila	VIIgIIIIa	_
	Beall-Evans Funeral Home, P.A.												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,												
	shock, or heart fellura	a. Sep 9	SIS W	The gence q								Interval Batwee	
CERTIFICATION	Sequantisily list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a a cu	OP AS A CONSEQUENCE OF A CONSEQUE	JENCE O	al	Salyn	ilu	re	q				
	PART It. Other aignificant condition	ons contributing to	daath but not re	suiting	in the under	iying causa	givan in	Part I.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDING	2
MEDICAL								_	PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				8. PLACE OF E	DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO		ER/Outpetlent 3	DOA	OTHER:	Home 5 🗆 R	aaldenca	6 🗆 Other	(Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	26b. TIM INJ	E OF 280	INJURY AT WORK?		28d. DEŞ	CRIBE HOW I	NJURY OCC	CURED		
B	2 Accident Investigation					YES 2	NO						
	3 Suicida 6 Could not be 4 Homicide datarmined	28e, PLACE OF building, (INJURY — At homate. (Specify)	e, farm, :	street, factory,	office		28f. LOCA City of	TION (Street of Town, State)	and Number	or Rural R	Route Number,	
E I													
COMPLETED	(Check only CERTIFYING PHY	SICIAN: To the beat of axi	my knowledge, deat amination and/or in	h occurre restigatio	ed at the time, on, in my opini	data and place on, death occu	e, and dua	to the caus	e(a) and ma and place, ar	nner as atet	ed. In cause(s) and manner as stated.	
BE C	296. STONATURE AND TITLE OF CERTIFI	ER)				29c. LIC	ENSE NUN	MBER		29d. DATI	E, SIGNED	(Month, Day, Year)	\dashv
- 11	K. Dakl	lex y	n. ()			0	26	49	2	► II	171	91	
2	30. NAME AND ADDRESS OF PERSON W	e, m.D.	4000 .	27) (Type,	Chell	ville	Ra	PR	allit	2,1	1D.	20716	7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF		پ					-07	/		. 0	-





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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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1. DECEDENT'S NAME (FIRST		ENUS							2. DATE OF DEATH MONTH DI	1991	3. TIME OF DEATH 4:45		
4. SOCIAL SECURITY NUM 214 - 03 -		5. SEX	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug 22, 1	Coun	HPLACE (State or Foreign try) th Carolin		
90. FACILITY NAME (# not 8733 Glenar	den Pa	and the same of				9b. CITY, TOWN OR LOCATION OF DEATH Glenarden, Maryland PGts							
10a. STATE						on Location,	Mary	land	l		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	100. STREET AND NUMBER 8733 Glenarden Parkway					101	f. ZIP COD			10g. CITIZEN OF	0g. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA				2 NO If yes, specify Cuban, Maxi					en, Puerto Rican, etc.)	Ble	RACE — American Indian, Black, White, etc. Specify: Black		
(Specify only highest grade completed)					18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) Bldg Service Worker					16b. KIND OF BUSINESS/INDUSTRY			
17. FATHER'S NAME (First,	Middle, Last)								ME (First, Middle, Meiden Jenkins Bou				

na Linwood Genus 8733 Glenarden Parkway Glenarden, Nd 20706 20s. METHOD OF DISPOSITION
1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Removal from 14 🗆 Donetion 5 🗆 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State orial Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lemuel R. Woodfork Funeral nome mere North Capitol 23. PART I. Enter the diseases, or complications that caused be death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each Dis. Approximata intarvai Betwaan Onaej and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO MEDICAL PERFORMED? COMPLETION DF CAUSE DF DEATH? 1 | YES 2 100 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 VES 2 NO

27. MANNER OF DEATH
Netural 5 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Homa Realdance 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1/X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND THE OF CENTIFIE 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE in 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

1991 ulia Davidson-Randall



IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGIST
100	1. DECEDENT
l	4. SOCIAL SE
	212-38 9a. FACILITY
	1701
	RESIDENCE 10a. STATE
	Maryl
ı	10e. STREET
	1701

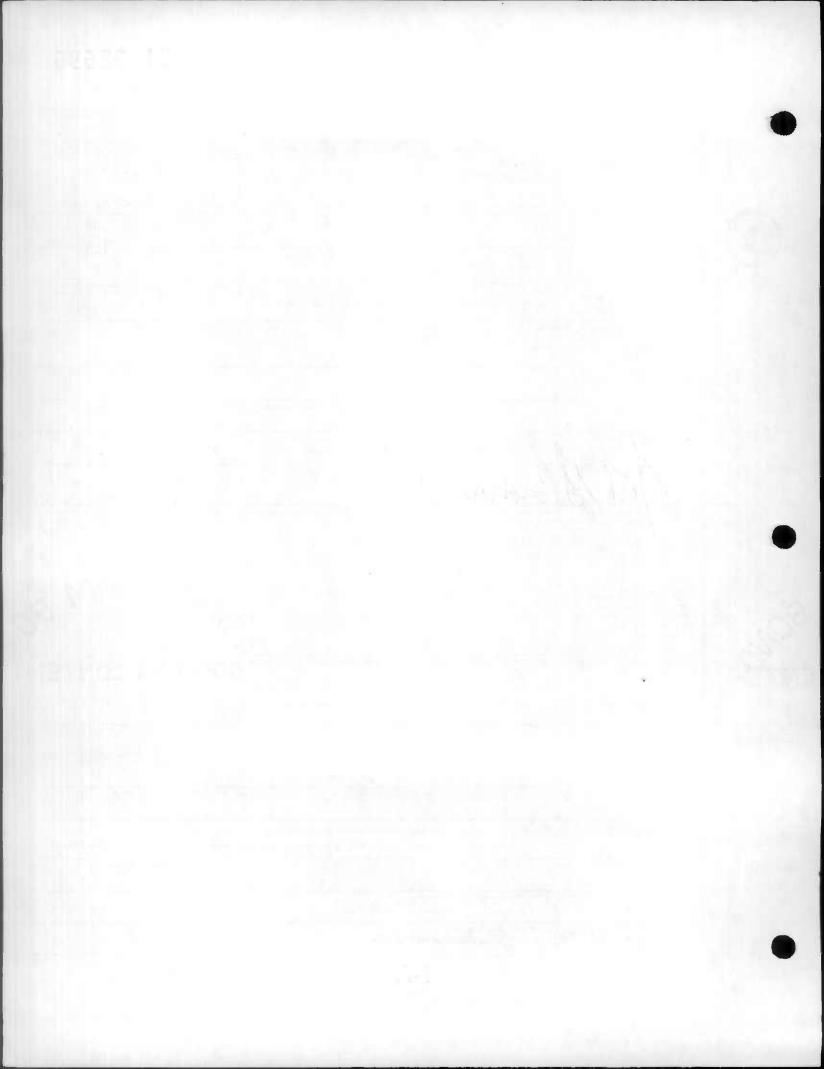
TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OEIII.	IFICATE			n.	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		5				2. DATE OF DE		WEAR	3. TIME OF DEATH
	EUCENE B	E. /	GOSNE	んん			MONTH	DAY	YEAR	10-AH
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birtho		1 YEAR IF UN	IDER 24 HRS.	7. DATE OF BI	RTH	8. BIF	THPLACE (State or Foreign
Ţ,	212-38-1941	1 M 2 F	Land of the second	MONTHS	DAYS HOUF		(Month, Day,	Year)	Cou	intry)
- 4			53 YF				07-27			aryland
	9a. FACILITY NAME (If not institution, give str	9b. CITY	, TOWN OR LOC	ATION OF DE	ATH	8	9c. COUNTY OF DEATH			
DIRECTOR	1701 West Friend	2	Sykesvi	lle			Howard			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
#				CITY, TOWN C						10d. INSIDE CITY LIMITS?
□	Maryland Howa	ard Count	У	Sykes	sville					1 YES 2 NO
A	10e. STREET AND NUMBER				10f. ZIP C	ODE		1	0g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	1701 West Friend	ship Roa	d		2	1784			U.S	Α.
3	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARMED		WAS DECENDEN					ACE American Indian, ack, White, atc.
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, specify C			atc.)		ack, White, etc.
B≺	3 Widowed 4 Divorced	IF 123, GIVE 1	AR OR DATES		1 1 120 2 LA	NO Specify.			OK.	White
O	15. DECEDENT'S EDUC		18a, DECEDE	NT'S USUAL O	CCUPATION		16b. KINC	OF BUSIN	ESS/INDUSTRY	
E	(Specify only highest grade		Ille Do M	d of work done of OT use retired.)	during most of w	orking				
7	Elementary/Secondary (0-12)	College (1-4 or 5+		aterer				Food	Commi	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			aterer		ACTUEDIO ALL	ME (First, Middle		Servi	je
					18. N				mame)	
BE	Eugene A. Gos	nell					llis Ca			
0	190. INFORMANT'S NAME (Type/Print) Mr. Jeffrey E.	Cocnoll	19b. MAI	LING ADDRESS	s (Street and Nur	nber or Rural R	Tuto odb i	ty or Town,	State, Zip Code)	27
-	Mr. berriey h.	COSHELL	07	33 WOC	MDINE.	Noau	WOODDI	ne, r	1D 217:	7 /
- 6	20a. METHOD OF OISPOSITION 1 Burlal 2 Cremation 3 Ramo	numi danam State	20b. PLACE AND			ġ.	DATE	20c. LOCA	TION — City or	Town, State
	4 Donation 5 Other (Specify)	Ival from Stata	of cemetary, crem	w Ceme	eterv		11/21	Mar	criotts	sville, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	7	22.	NAME AND ADI		CILITY			
	- Shinni)	R. Ala	unlet		HAIGHT					
	· Suuro	11.110	29,10		Sykesv	ille,	MD 217	84 (4	110)-79	95–1400
	23. PART I. Entar the diseases, or cashock, or heart fellure.	omplications that	t caused the deeth.	Do not enter	the mode of	dying, euch	h as cardiac	or reepirat	lory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	Liet Only One Ced	se on eech line.							Onset and Death
	disease or condition	Can	des ress	woton	Land	len				
	resulting in death)	DUE TO	OR AS A CONSEQUEN	CE OF):	1					
_		ante	ioschrote	Can	diam	asind	en de	seas	e	7 (4-3)
0	Sequentially liet conditions,	DUE TO	IOO AR A COMPECULEN	OF OF						
AT	If eny, lesding to immediate ceuse, Enter UNDERLYING	Ω .	J. 2. T.		he h	METAN	hal .	Man	etia	
E		DUE TO	OR AS A CONSEQUEN							
TIFIC	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUEN	CE OF):						
SERTIFIC	that initiated events	DUE TO	(OR AS A CONSEQUEN	CE OF):						
L CERTIFICATION	that initiated events	d				se given in		WAS AN AL	JTOPSY :	24b. WERE AUTOPSY FINDINGS
	that initiated events resulting in death) LAST	a contributing to	death but not result	Ing in the u	nderlylng cau		Part I. 24a.	WAS AN AL	ITOPSY ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	PART II. Other eignificent condition	a contributing to	death but not result	ing in the u	nderlylng cau		Part I. 24a.	WAS AN AL	ITOPSY ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	PART II. Other eignificent condition	a contributing to	death but not result	ing in the u	nderlylng cau		Part I. 24a.	WAS AN AL	ITOPSY ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PART II. Other eignificent condition	a contributing to	death but not result	ing in the u	nderlying cau	set .	Part I. 24a.	WAS AN AL	ITOPSY ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	PART II. Other eignificent condition	d	death but not result	order	nderlying cau		Part I. 24a.	WAS AN AL	ITOPSY ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	PART II. Other eignificent condition	a contributing to	death but not result	orhe	nderlying cau	OF DEATH (Che	Part I. 24a. 1 [WAS AN AL PERFORMI YES 2	ITOPSY ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ED BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2' NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetian 2 28a. DATE OF (Month, D building,	death but not result Littur	OA OTHE	28. PLACE (R: raing Home 5) 28c. INJURY A WORK? 1 YES	DF DEATH (Che Realdence IT 2 NO	Part I. 24a. 1 1 eck only one) 8 Other (Sp. 2ed. DESCRIB 28f. LOCATION City or To.	was an at Performing Yes 2) Pecify) He HOW INJ N (Street and manner and m	URY OCCURED If Number or Ru	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2' HO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE O building.	death but not result Littur	OA OTHE	28. PLACE (R: resing Home 5) 28c. INJURY A WORK? 1 YES thory, office	Por DEATH (Che Rasidenca VI 2 NO Polace, and dua	Part I. 24a. 1	was an at Penrorming or Penror	URY OCCURED I Number or Ru or as stated. due to the cau	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO 27. MANNER OF DEATH 20 Accident 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE-OF CENTIFIES	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE Of building, CIAN: To the beat of a	death but not result Continue	OTHEOA A IN OTHER OF INJURY M arm, street, fac	28. PLACE (R: resing Home 5) 28c. INJURY A WORK? 1 YES thory, office	Rasidence T2 NO Noccured at the	Part I. 24a. 1	WAS AN AL PERFORMING YES 2 Pecify) HE HOW INJ N (Street and manner place, and manner place)	URY OCCURED If Number or Ru or as stated, due to the cau	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number, see(e) and manner as atstad. NED (Month, Day, Year)
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31. OATE FILEO (Month, Day, Year) NOV 12

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	1)	C				DEA	ın	2. DAT	REG.	н	_		IME OF DEATH
	BERTHA	Emily		HUN	NT			Nov	. 5 ,	1991	YEAR	2	6:10 P.
4. SOCIAL SECURITY NUMBER 212-64-7880	5. SEX 1 M 2 F	6. AGE (In yrs. la	st birthday) IF UNDER 1 YEAR 4 YRS. MONTHS DAYS			IF UNDER	MIN.		e of Birth		Cap Mar	a. BIRTHPLACE (State or Foreign Capper tool Height Maryland	
9e. FACILITY NAME (If not institution, give		9b. CITY,	TOWN (R LOCATI	ON OF D					TY OF DEATH			
Route 300, Box		Sud1	Lers	vill	e			Qu	ieen	Anne			
10e. STATE 10b. COUN			10c. CI1	ry, TOWN O	R LOCAT	ION						10d	INSIDE CITY
Maryland Que	en Anne		Su	dlers	svil	le						1 🛚	LIMITS? YES 2 NO
10e. STREET AND NUMBER	20 =				101	. ZIP COD				10g.	CITIZEN O	F WHAT	COUNTRY?
Route 300, Box							668				S.A		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 XX WAR OR DATES	RMED NO	13. \	WAS DEC	ecify Cubi	OF HISPA an, Mexic Speci	INIC ORIG en, Puert fy:	ilN? (Specif o Ricen, etc	y Yee or No .)	В	ACE — A leck, Wh pecify:	Amarican Indian, Ita, etc. White
15. DECEDENT'S EL (Specify only highest gra				USUAL OC			na	10	5b. KINO OI	BUSINESS	INDUSTR	Y	
Elamentery/Secondery (0-12)	College (1-4 or 5	+)	Do NOT u	ise retired.)	ading nic	GI OF WORK	, , g						
	None	Но	usew	11e	_					n Hom			
17. FATHER'S NAME (First, Middle, Leat) Clarence Zeigle:						18. MOT				ine S			
190. INFORMANT'S NAME TO STATE OF THE STATE		19	b. MAILING	G ADDRESS	S (Street e	nd Numbe		_		Title 5			20764
Mrs. Kimberly A.	Money (20704 . Md
20. METHOO OF DISPOSITION 1 Burlal 2 Cremellon 3 H		20h DI ACE	OF DISPO	SITION /A/a	ma of on	metany one	melan, or			c. LOCATIO			
4 Donallon 5 Other (Specify)	//	Lind	en H	ills					F	reder	ick,	Mar	yland
21. SIGNATURE OF FUNDANCE SERVICE	CENSEL	20	7	Fr	anc:	S G	SS OF F	ACILITY	one	F	al Ho	ome.	P.A.
23. PART I. Enter the diseases, o shock, or heart fallun	r complications the. List only one cs	at causad the di	esth. Do	47	39 I	Balt:	Lmor	e Av	e. H	yatts	ville		Id. 2078 Approximate Interval Between
immediate cause (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Metas s. Due To Conge Due To c.	at caused the deutse on each line static Cooperative Hope of the cooperative H	e. ancei couence c eart	47 not enter C, Re OF): Fail	the mo	Balti de of dy	ing, su	e Av	e. H	yatts	ville		Id. 2078 Approximate Interval Between
immediate cause (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Metas s. Due To Conge Due To c.	Static Co O (OR AS A CONSE STIVE HO O (OR AS A CONSE	e. ancei couence c eart	47 not enter C, Re OF): Fail	the mo	Balti de of dy	ing, su	e Av	e. H	yatts	ville		Approximate Interval Between
induction of the state of the s	Metas s. DUE TO Conge DUE TO C. DUE TO	Static Constant Cons	ancer	47 not enter Re Fail Fri:	39 I the mo	3alti de of dy Cell	imor	e Av	e. Hyrdisc or (yatts	ville, strest,	24b. WEI AMA	Approximate Interval Betwee Onset and Dec
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions and in the condition of the conditio	Metas Metas DUE TO Conge DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO D	Static Constant Cons	ancer	47 not enter Re Fail Fri:	39 I the mo	3alti de of dy Cell	imor ling, su	e Av	24a. W	yatts espiratory	ville, strest,	24b. WEI AMA	Approximate Interval Betwee Onset and Detection Detection of the Autopsy Finding ILABLE PRIOR TO APPLETION DE CAUSE OEATH?
immediate Cause (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions.	Metas S. DUE TO CONGE DUE TO C. DUE TO HOSPITAL:	Static Constant Cons	e. ancer ancer course c	47 not enter Re Fail Fri	39 I the mo	Gell Geause	given in	e Av	24a. W	yatts espiratory	ville, strest,	24b. WEI AMA	Approximate Interval Betwee Onset and Dea
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 70 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the	beath certificate be executed within attending physician and completely mal Hygiene prior to burial, cremail ry, or other traumatic event, the
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KATHERINE Ann 11/8/91 HAMMOND 6.15PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
June 3, 1939 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 52 YRS. HOURS 1 - M 2 - F Washington, D.C 217-64-7757 9e. FACILITY NAME (If not institution, give street end nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES HOSP CENTER PRINCE GEORGE CHEVERLY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Lanham 1XXYES 2 NO 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5630 Whitfield Chapel Road 20706 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried If yee, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 X Divorced Specify. White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) 8th Grade (0-12) College (1-4 or 5+) None Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) William Windsor Margaret Simpson 19th INFORMANT'S NAME (Trop) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Deborah Garner (Daughter) 9859 Goodluck Road, Lanham, Maryland 20706 1 RA Burial 2 C CE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State piphany Church Cemetery 11/18/91 Forestville, Maryland # Donation 5 21. SIGNATURE A 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate sek, or heart failure. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final disease or condition resulting in death) Onsat and Death Septicemia. 1 mouth TO (OR AS A CONSEQUENCE OF) Muctiple MyelomA DUE TO (OH AS A CONSEQUENCE OF): Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY Recurrent GI breding Amyloidosis 1 YES 2 NO OF DEATH? RPNAL FAILURG 1 YES 2 LING 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL OTHER: 1 Depatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the least of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. 296. BIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD D-18089 alld 11/11/91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 525 Greenway CTR DR. Greenbell M. POLIAK CUEN MD Ma 31. DATE FILED (Month, Day, 1)
NOV 1 32. REGISTRAR'S SIGNATURE Ybar) 1991 5 Julia Davidson-Randall

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	HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be exe	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an
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	REGISTRAR 1. DECEMENT'S NAME (First, MI	iddle, Lest)			ERTIF	ICAT	E OF	DEA	TH	I a na	REG. NO			3. TIME OF DEATH
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			1 M 2 XX	- 0		IF UNDI	DER 1 YEAR IF UNDER 24 HRS. 6 DAYS HOURS MIN.		T	7. DAT	TE OF BIRTH	1909 Maryland		HPLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give street and number) Southern MD Hospital Center							OWN OR LOCATION OF DEATH OCCUPITY OF DEATH GEORG						George'
ECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY					TO TOWN	OR LOCA							
L DIRECTOR	Maryland	Prin	ce Georg	e's			side	ITON						10d. IHSIDE CITY LIMITS? 1 YES 2 X HO
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COMPLETED	15. DECEDE (Specify only his Elementary/Secondery (0-12)	ghest grade	CATIOH completed) College (1-4 or 5 - N/A	·) /	DECEDENT'S (Give kind of ife. Do NOT u	work done se retired.,	OCCUPATION OF THE PROPERTY OF	OH ost of work	ing	10	6b. KIHD OF BUS	SIHESS/IHI		.040241
OME	17. FATHER'S HAME (First, Middle	n (ast)	IV/A		OHEIR	rker					Home			
BE C	John Henry	Harı	ris					C	athe	rine	t, Middle, Malden	Kenne		
10	190. IHFORMANT'S NAME (Type) Edith Mac		ham		1212	Sue	e Lai	ne H	or Rural	Route Nu ide	mber, City or Town Md 2074	n. State, Zip 13	Code)	
	20a, METHOD OF DISPOSITION 1 Purial 2 Cremetion 4 Donation 5 Other (Sp.	3 🗌 Remo	oval from State	20b. PLAC	EAHDDATE	OF DISPO	ete:	ame of	11 1:			cation –		
	4 Donation 5 Other (Specify) 21. Sighature of Funeral Service Licensee 22. Hame AHD Address of Facility Lee Funeral Home, Inc.													
	· Com	13	2 th	1							der Fer		rd	
	23. PART / Enter the diece shock, or haerd IMMEDIATE CAUSE (Finel disease or condition resulting in death)	eses, or c t feliure. L	omplicetions the	t ceused the case on each lin	deeth. Do i	not ente	r the mo	ode of dy	ing, euc	h ae ca	irdlec or reepi	ratory en	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST													
MEDICAL	PART II. Other eignificent of the important of the import	resulting	ting in the underlying cause given in					Pert I. 24e. WAS AH AUTOPSY PERFORMED? 1 YES 2 HO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO ME EXAMINER?	EDICAL		11	7 7 67	1		PLACE OF DEATH (Check only one)						
PHYSICIAN:	t 🗆 YES 2 🗀 HO		HOSPITAL: OTHER:						me 5 Residence 8 Other (Specify)					
ву Рн	27. MAHHER OF DEATH t Hetural 5 Pending (Month, Day, Veer) 2 Accident Investigation					Bb. TIME OF IHJURY AT WORK? M t YES 2 HO			Но	28d. DESCRIBE HOW IHJURY OCCURED				
	2 Accident Investigation 3 Suicide 6 Could not be determined Could not be determined								281. LOCATIOH (Street and Number or Flural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFY!	NG PHYSIC	IAH: To the best of	my knowledge, d	leath occurre	nd at the t	lime, dete	end plece	, end due	to the co	euse(s) end men	ner ee stat	ed.) end menner se stated.
BE C	286. SIGNATURE AND TITLE OF			hen					ENSE HUN		la situation sit			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PER	RSON WHO	COMPLETED CAUS	E OF DEATH (ITI	EM 27) (Type	Print)		02	082	74		> /	//	191
	31. DATE FILED (Month, Day, Year)	1chery	211	P'S SIGNATURE	12,	my.	A	ve .	#/	8	Uppe	ere,	Mal	K/Boko

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Lulia Davidson-Randall

MD 20772

requires that

ATTENDING PHYSICIAN:

HDSPITAL DR

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this certificate has be with the State Dept.

death After

DIRECTOR: A hours after d item 28 Is

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IMPORTANT:

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30. NAME AND ADDRESS OF PERSON

31. DATE FILED (MORT) OFF, YORK 1991

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s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		once.
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funeral d		any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH Hightower al P -05 NOV 8. AGE (In yrs. last birthday) 7. DATE DF BIRTH (Month, Day, Year 8. BIRTHPLACE (Sta Country) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 1 M 2 F VRS 12×0 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY DF DEATH Mont Hill Nursi DIRECTOR Office R RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10d. INSIDE CITY IOC. CITY, TOWN OR LOCATION Spring Marylan 1 YES 2 ND FUNERAL 10e. STREET AND NUMBER 101. ZIP COOP 10g. CITIZEN DF WHAT COUNTRY? 9104 2nd S Avenue 20910 WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. It yes, specify Guban, Mexicen, Puerto Ricen, etc.)

1 YES 2 ND Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR DR OATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 18e. DECEOENT'S USUAL DCCUPATION 18b. KIND DF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) WARTER Nav 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame Nathan BE 19e. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Boute Number City of To 20910 2 Eunic 20e. METHOD DF DISPOSITION 20b. PLACE OF OISPDSITION (Name of cemetery, crematory or 20c. LOCATION - City 1 □ Buriel 2 □ Cremation 3 □ Removal from State
4 ✔ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRES 3605 144 or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest 23. PART i. Enter the dise Approximata interval Batwaan shock, or hourt failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onsat and Daath disease or condition Cardiac arrest
DUE TO (OR AS A CONSEDUENCE OF) reauiting in death) more man altzheimens d187981 CERTIFICATION Sequantially list conditions, DUE TO (DR AS A CONSEDUENCE DF): Five years if any, laading to immadiata cause. Enter UNDERLYING OSALINATION PRUMONIAL DUE TO (OR AS A CONSEQUENCE OF): two months CAUSE (Disease or injury that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) 1 YES 2 ND OTIVER: 1 Inpetient 2 I ER/Dutpstient 3 I DDA 27. MANNER DF OEATH 26s. OATE DF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HDW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 28e. PLACE DF INJURY — At home, farm, atreet, tectory, office building, etc. (Specify) 261. LDCATIDN (Street and Number or Rural Route Number, City or Town, Stete) 3 Suleide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end piecs, and due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAP'S SIGNATURE
JUNA DAVIDSON-Randall

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BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-trans removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1		FOR STATE REGISTR	AR
	1. D	ECEDENT'S	NAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE O	FDEATH	MENTAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last	James Edwa	rd Hennes	ssey		2. DATE (OF DEATH	91	YEAR	3. TIME OF DEATH 225P
4. SOCIAL SECURITY NUMBER 354 18 0460	13€30M 2 □ F 6	DOM 2 F 64 YRS. MONTHS DAYS HOURS MIN. Aug. 1				Day, Year)		PLACE (State or Foreign	
9a. FACILITY NAME (If not institution, given Prince Georges H			96. CITY, TOWN	or location of t	DEATH		9c. COUNT		eorges
10a. STATE 10b. COUN	ce Georges	Boy	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 2901 Tallow Lan				101. ZIP CODE 20715				EN OF W	1 X YES 2 □ NO HAT COUNTRY? tates
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 14 YES IF YES, GIVE WAR OR 1945-1946	DATES	It yea,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	an, Puerto R	(Specify Yealicen, etc.)		4. RACE	- American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementery/Secondery (0-12)		16a. DECEDENT'S (Give kind of vife. Do NOT us Budget	work done during i se retired.)	most of working		KIND OF BUS			nvv
17. FATHER'S NAME (First, Middle, Last) Francis Leo Hent	nessey			18. MOTHER'S N. Grace	AME (First, M.	iddle, Maiden S			
19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural	Route Number	er, City or Town			
Marlene M. Henne 20a. METHOD OF DISPOSITION 1 XBurlat 2 Cremation 3 Rea					DATE	ryland	2071 ATION — CI		rn, Stata
4 Donation 5 Other (Specify)	N	lary Land	etery, commetory or other place) aryland Veterans Cemetery Crownsville						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE PLANT E. CUANN. P.									
disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other elgnificant condition	but not resulting i	in tha underlyl	ng cause givan In		art i. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO			WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	25 WAS CASE DEEEDED TO MEDICAL								
1 Fres 2 No	HOSPITAL:	patient 3 DOA	OTHER:	me 5 Residence				_	
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIMI	E OF 28c, IN	JURY AT ORK? YES 2 NO			DW INJURY OCCURED		
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At homa, farm, s	oma, farm, street, tectory, office 28t.			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as at									and manner as stated
286. SURJATURE AND TITLE OF CONTROL	odujus	m		29 LICENSE NU					Month, Day, Year)
Audusto P. Ro	COMPLETED CARRESTOF DE	MD, 500	19 Pay	Sum Ch	c.C.	Sh.	us:	207	108
31. OATE FILED (Month, Day, Year)	32. REGISTRAR & SIGN	Davidson-Ras	ndelle			0			

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22. NAME AND ADDRESS OF FACILITY BOUNDS FUNCER I Home, Salisbury apock, or haart faltura. List only one cause on ach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOURCE OF): DUE TO (OR AS A CONSCOURCE OF): Cause. Enter UNDERLYING CAUSE (Disease or injury resulting in death) LAST DUE TO (OR AS A CONSCOURCE OF):									
23. PART I. Enter the diseasea, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)									
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15. NAME AND ADDRESS OF REPORTAL WAYD DOWN THE ADDRESS OF THE ADDR									
NICHOLAS 145 E. CARROLL ST. SALISBURY MD. 21801 31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer new	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be marked at annual
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	FOR STATE REGISTRAR			ERTIF	ICAT	E OF	DEA		MENTAL	HYGIEN REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last) BONN		Bonnie	_	emp]		nes		2. DATE OF DEATH DAY YEAR			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-40-8747	5. SEX	8. AGE (In yrs. In		IF UNDE	DAYS	IF UNDE	R 24 HRS. MIN.	(Month, I	7. DATE OF BIRTH (Month, Day, Year)			Ma Park,
	9a. FACILITY NAME (If not institution, give s			9b. CIT	Y, TOWN	OR LOCAT	ON OF DE		9-		Mary NTY OF D		
DIRECTOR	14103 Bramble RESIDENCE OF DECEDENT	e Lan	e m lo	12	L	-01	المرو	1					GERGE'S
REC	10a. STATE 10b. COUNT			10c. CIT		OR LOCA							10d. INSIDE CITY
	100. STREET AND NUMBER	CF GEOR	655		- A	URE							14 YES 2 NO
RA	14103 Bram 5	1- 10	40 00	051	02	10	ZIP COD	708				S.A	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED		. WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN?	Specily Yes			- American Indian.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 X	NO		If yes, sp	2 NO	ın, Maxica	n, Puarlo Ric	an, atc.)	or No-	Speci	ty by ite
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. D	ECEDENT'S Give kind of	USUAL (OCCUPATION OF	ON set of worki	20	16b. K	IND OF BU	SINESS/INC		
COMPLETED	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5 None	+)	ok Ke	se retired.)	1	or or works	9	S	outh]	Land	Corp	oration
ш	17. FATHER'S NAME (First, Middle, Last) Timothy W. Temple								ME (First, Mid		Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)	(Math)							Route Number,				
	Myrtle H. Temple (Mother) 6705 Red Top Toad, Hyattsville, Maryland 20783												
	Port Confidence Company 11/07/91 Brentwood, Maryland												
	Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD. 20781									e, P.A.			
	23. PART I. Enter the diseases, or chock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Dear	t caused tha disa on each line	Hai	not ente								Approximate Interval Batwaan Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated avanta resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other algoliticant condition	e contribution to	death has see										+
PHYSICIAN: MEDICAL	1 YES 2 WIND COMPLETION OF CA									AVAILABLE PRIOR TO COMPLETION DF CAUSE			
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	FATH (Che	ick only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:			B Other (S	nacih)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIMI		28c. INJ	JRY AT		28d. DESCRIBE HOW INJURY OCCURED				
	2 Accident invarigation							28f. LOCATION City or 7	ON (Street a own, State)	nd Number	or Aurai Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									and manner or district			
U C	296. SIGNATURE AND TITLE OF CERTIFIER		Part.	med	1001			NSE NUM		- prava, and			Month, Day, Year)
10 B	Mulanlub	e hul	TEXS	min	a		00	18	52		11	~4	~91
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1, DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY Y						WELL	3. TIME OF DEATH				
3	HENRY	Ε.	JONES				11 07		91	3:10 Am	
10	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, 16ar) 9-23-190		8. BIRTH	IPLACE (State or Foreign	
100	719-03-1861									th Carolina	
E	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWN			EATH		INTY OF D		
5	PRINCE GEORGE'S HO	CHE	VERLY			PKI	VCE G	GEORGE'S			
DIRECTOR	10e, STATE 10b. COUNTY		-		10d. INSIDE CITY						
	Maryland Princ	e George	's	Mt.	Rai	inie	r	LIMITS? 1 X YES 2 NO			
RAL	100. STREET AND NUMBER					E		10g. CIT	TIZEN OF V	WHAT COUNTRY?	
FUNERAL	3607 Eastern	V.		2071	-		Uni		States		
5	1 Never Merried 2 Nerried		YES 2 NO	If yee, s	ecify Cube	n, Mexica	NIC ORIGIN? (Specify Yee in, Puerto Ricen, etc.)	or No-	14. RACE Bleck	E — Americen Indien, k, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	2 XNO	Specify	y:		Speci	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18e. DECEDENT'S	USUAL OCCUPAT	ON .		16b. KIND OF BUS	SINESS/IN	DUSTRY	WILLEC	
	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during m retired.)	USE OF WORKER	y					
MP	8		Train	Enginee	r		Trans	sport	tatio	n	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTH		ME (First, Middle, Meiden	Sumame)			
BE	Unknown 19e. INFORMANT'S NAME (Type/Print)						Unknown				
10			19b, MAILING	TH			Route Number, City or Town				
	James R. Smith					yatt	sville, Md				
	20b. PLACE AND DATE OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremapry or other piece) 1 -8-97, Fort Lincoln Crematory Brentwood, Maryland										
	21. SIGNATURE OF FUNERAL SERVICES CA	nesal	11-0-31, FC	22. NAME A	ND ADDRES	S OF FAC	atory Bre	ntwo	od,	Maryland	
	· S//	11	Pople				uneral Hom				
	23. PART I. Enter the dictases, or co	omplications that	sused the death. Do n	Blader	sbur	Rd Rd	. Brentwo	od.	Md.		
	SHOCK, OF HEST ISHUTE. L	ist Dnly one cause	on each line.	DI ONIGI (110 III	oo bi ayi	ing, out	ii sa cardiac Dr respii	retury sr	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition Onset and Deeth										
	resulting in desth)	DUE TO (O	A S A CONSEQUENCE OF) Cuc	4	To	ulare.				
Z	Consentation that are stated to the	Gas	igran	Rt.	FOR		manufal	2 .			
F	Sequentielly list conditions, if any, leading to immediate	A 1 1 - 7	AS A DONSEQUENCE OF	1 3 (V	000	- 0/	-	000		
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disesse or injury	LAND	PACOO	Mo	ON	lu	on / NO)-(UIX		
E	that initisted events resulting in desth) LAST	MISTE	O C	400	Do		1A-	STI	ATUS.	-RNK)	
CE		1,1000	THE CAL	13)	:57	\\\\	rendiq	,			
CAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO										
DIC	severe per	Menne	n loga	Mar	dy	eog	1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	Constractu	es;	men	ma	;		/			1 TYES 2 NO	
PHYSICIAN: MEDI	Bed-Vi	ader	^;								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF DE	ATH (Che	eck only one)				
14S	1 YES 2 YOU 27. MANNER OF DEATH	28a. DATE OF IN	R/Outpstlent 3 DOA	4 Nursing Hon		eldence	8 Other (Specify)				
	1 Netural 5 Pending	(Month, Day,		IRY WO	URY AT ORK?	1	28d. DESCRIBE HOW IN	JURY OC	CURED		
ВУ	Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	NJURY — At home, farm, st			NO	281. LOCATION Street at	and Alumbar	as Possi O		
TE	4 Homicide 8 Could not be determined	building, sto	(Specify)				City or John, State)	na manba	or nural n	oute Number,	
COMPLETED	29e. CERTIFIER (Check only (Ch										
WC			nination end/or investigation							end menner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICE						
BE (S: Jamord	wan A	(00)	MD	1	-3	1525	▶ /	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Jype,	Fint) PAT	1		1200	1	1		
7207 - HANOVER PARKWAY; #B; (DREFNBELT;)									M)	-20770:	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					1			
	NOV 1 5 1991	guia L	Tavidson-Randal	2							

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hospital or attending physician.	for use as the burial-transit permit. Pag	
death. Page 6 may be retained by the hospit	e funeral director, page 5 should be detached I.	examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDING PHYSICIAN: The law requires that the	R: After this certificate has been signed by the er death with the State Dept. of Health and Mi	is marked, or item 23 shows any inju
TO THE HOSPITAL DR ATT	TO THE FUNERAL DIRECTO be filed within 72 hours aft	IMPORTANT: If Item 28

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH REG NO	
_	HEGISTHAN	CERTIFICATE OF DEATH REG. NO	O.

1 - STATE REGISTRAR		CE	RTIF	CATE O	F DEAT	TH	MENIAL HYGIE! REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)				OAIL C	DEA		2. DATE OF DEATH			3. TIME OF DEATH
JAMES ().		JON	ES	Jr		1 1 0 2	DAY	1991	7:07 A.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
335-54-7842	1 M 2 F	34	YRS.	MONTHS DAY	8 HOURS	MIN.	June 18,1	957	Chic	ago. Ill.
9e. FACILITY NAME (If not institution, give	treet and number)	LUCCDI	TDAT	96. CITY, TOW					UNTY OF DI	
PRINCE GEORGES	GENERA	L HOSP	LIAL	CH	EVERL	4 Y		PR	INCE	GEORGES
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c CITY	TOWN OR LO	CATION					
Virginia 1	N/A		1001 0111	Hampt						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					101, ZIP CODE			10a CY	TIZEN OF W	1 TYES 2 NO
Township Apts	. #1310				236			1	S.A.	HAI COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EYER IN U.S. ARM	IED	13. WAS I	ECENDENT O	F HISPAN	HC ORIGIN? (Specify Ye			- American Indian.
t Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	XYES 2 NO)	If yee,	epecify Cubar ES 2 NO	n, Maxica Specifi	n, Puerto Rican, etc.)		Bleck	, White, atc.
		Active	Duty	y	27				Bla	ack
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)		Active Duty U.S. Go						mman:	+ IICAF
17. FATHER'S NAME (First, Middle, Last)	3			ve buc						C OSAL
	es Sr.				18. MOTH	ER'S NA	ME (First, Middle, Maider C. Washir	Sumame)		
James Otis Jones Sr. Odessa C. Washington 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
Sandy Bowman		7. A	ndre	ws Air	Force	or Rural I	Route Number, City or Tov Se Mortuar	vn, Stete, Z V Af	fairs	Camps Sp.
Sandy Bowman Andrews Air Force Base 20s. METHOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Removel from State Competery, gramation or other place!										
1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovel from State	Cemetery, crem Oakla	natory or oth	er place)	(Name of	1		Dolto	City or Tov	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE?	Town	110 0		AND ADDRES	S OF FA				inois
▶ 9a	I de	1					Lee ru			e, Inc.
23. PART I Enter the dieseses, or	// NOA									linton, Md
disease or condition resulting in death)	DUE TO (C	DR AS A CONSEOL	JENCE OF	(3)						Onset end Deeth
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	с		R AS A CONSEQUENCE OF):							
DART II Other classificant and Mala										+
PART II. Other significent condition	s contributing to d	eeth but not re	sulting In	the underly	Ing ceuee g	Iven In	Part I. 24a, WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF DE	ATH (Che	ock only one)			
M YES 2 □ NO	HOSPITAL: 1 ☐ Inputiant 2 X E	ER/Outpatient 3		OTHER: 4 - Nursing H	ome 5 🗆 Res	idenca	8 Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,	JURY (Year)	26b. TIME INJU		NJURY AT	,	26d. DESCRIBE HOW			
t Netural 5 Pending 2 Accident Investigation	Paccident Investigation 11-1-91 10-26 PM 1 YES 2 DNO PEDESTEPTO STRUCKE BY OC								- BY WEHICK	
3 Suicide 4 Homicide 3 Could not be detarmined 3 Could not be detarmined 3 Could not be detarmined 4 Homicide 4 Homicide 4 Number 5 TREST 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) RT 337 DECENTOW DIRD PRIME (COI.)										
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of m	y knowledge, deat mination end/or im	h occurred	at the time, d	ste end place, , death occurs	end due	to the cause(e) end ma	nner ae ata	ited. he ceuse(a)	and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	H/2 11	6	1		29c. LICE	NSE NUM	BER	29d. DA1	TE SIGNED	Month, Day, Year)
Mayne B	e some	iuv.	/		0.0	.м.	Ε.	1	1-03	-1991
30. NAME AND ADDRESS OF PERSON WH	WHO'V	OF DEATH (ITEM			DDDDD	DA	TETHORE			
3t. DATE FILED (Month, Day, Year)	32. REGISTRAR		1 1	DIVIN 3	TREET	BA	LTIMORE	MARY	YLANI	21201

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P.O. BOX 68760,

RECORDS,

DIVISION OF VITAL

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death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	attending physician and completely filled in by the funeral director, page 5 should be detach ental Hygiene prior to burial, cremation, or removal.	the second secon
death	atten	-

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) JOHNSON 2. DATE OF DEATH 3. TIME OF DEATH YEAR 11 07 1991 2:58 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F 219-88-3474 YRS Apr 18, 1977 Cheverly Md 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION DF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE & WASHINGTON PKWY Baltimore Md PRINCE GEORGE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY P.G Laurel MD 1 TYPES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9204 Cherry Lane 20708 U.S.A. burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerio Rican, etc.)

1 YES 2 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced BLK BY the for use as ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done during most of working life. Do NOT use retired.) ĒŢ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 9th N/A STUDENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Gale Johnson John Johnson notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gale Johnson 9204 Cherry Lane, Laurel Md 20708 pe 20s. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donetion 5 Other (Specify) 11-12 Landover, Md Harmony examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. JENKINS FUNERAL HOME Jumpalli 7474 Landover Rd, Landover Md 20785 23. PART 1. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate ahock, or heart failure. List only one cause on each line. intervei Between IMMEDIATE CAUSE (Final Onaet and Deeth e e disease or condition resulting in death) Tiss 1 DIE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): thet initiated eventa reaulting in death) LAST in PART II. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS this certificate has been signed by a with the State Dept. of Health and rked, or Item 23 shows any in AVAILABLE PRIOR TO COMPLETION OF CAUSE TYES 2 NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: LYES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence & Cother (Specify) SCENE 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED FIRE 1 Natural 5 Pending 11-7-1991 2:58pM 1 YES 2 X ND OCCUPANT OF MOTOR VEHICLE BY death After 2 Accident Investigation 28e. PLACE OF INJURY -3 Suicide Af home, farm, atreet, factory, office DIRECTOR: A hours after d 69 281. LOCATION (Street and Number or Rural Route Number, City or Your, Stelle) COMPLETED 8 Could not be determined 4 Homicide PARKWAY BALTO & WASHINGTON PKWY 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I = MEDICAL EXAMINER: On the back of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1 296: SIGNATURE AND JYTLE OF CERTIF BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) u.p 11-08-1991 2 O.C.M.E WHO COMPLETED CADRE OF DEATH (ITEM 27) (Type, Print) PERK

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randalle

DHMH-16 Rev 1/89

111 N. PENN STREET BALTIMORE, MARYLAND

Mey 1.5 sept. (C. Kelessynson St. 1998)

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)	WILLIE	JOHNE	N		2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 242327873	1 M 2 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give: LIBERT RESIDENCE OF DECEDENT	restreet and number) MiE O I CA			TIMO NE	EATH MO	9c. COUNTY	OF DEATH
	nce George		own on Loca Iyattst				10d. INSIDE CITY LIMITS? 136 YES 2 NO
4514 Burlington	Rd		10	1. ZIP CODE 20781			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 1 NO	If yes, ap	CENDENT OF HISPAI Hecify Cuban, Maxica 5 2 70 Specifi	NIC ORIGIN? (Specify Yain, Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify. Black
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Labo	done during mo tired.)	ON ost of working	16b. KIND OF BU	siness/industri	
17. FATHER'S NAME (First, Middle, Last) Eddie	Johnson			18. MOTHER'S NA Esth	ME (First, Middle, Maiden	Surname)	Wright
19a. INFORMANT'S NAME (Type/Print) Betty Carbe	tt	4514 Bur	Tingto	nnd Number or Ryral I on Rd /Hy	Poute Number, City or Tow vattsville,	Md2078	1
20e. METHOD QE DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Dopollon Other (Specify)	oval from Stata 20t	PLACE AND DATE OF DI PAIRTY, Crematory of State HOME & SUL	SPOSITION (Na	Cremator	y 11/12/91	CATION — CITY O	or Town, State ilver Spring, M
21. SIGNATURE OF FUNERAL SERVICE LIC	G- Der	01	22. NAME AI 7474 I	andover	Rd/Landove	Funera er, Md	
23. PAYO 1. Enter the disease or or shock, or heart siliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEP.	d the death. Do not each line. S /S CONSEQUENCE OF):	enter the mo	de of dying, eucl	h ae cerdlec or respl	retory arrest,	Approximete intervel Between Oneet and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted evente resulting in deeth) LAST	c	CONSEQUENCE OF):	1	RESPI	RATURY	FAILU	IRE
PART II. Other significant condition	s contributing to death b	ut not resulting in th	e underlying	g cause given in I	Part i. 24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		HER:	ACE OF DEATH (Che			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 N	RK? 'ES 2 NO	8 ☐ Other (Specily) 28d. DESCRIBE HOW IN	NJURY OCCURE	D
3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Ru	iral Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the beat of my knowl B: On the basis of examination	edge, death occurred at	the time, deta my opinion, de	and place, and due	to the cause(s) and man	ner as stated.	se(a) and mannar as stated.
296. SIGNATURE AND TITLE OF CERTIFIER A Chark rowan	ing / Dr.	NAEM.		29c. LICENSE NUM D 344 7	BER		NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)				

BRITTON CT

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Year)

Suha Davidson MANTERE

BALTOMN 2123V

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

1 - STATE REGISTRAR	OTTAL OF MIT	CERTI	FICATE (OF DEATH	MENIAL	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			3. TIME OF DEATH
Mary		John	son		MONTH 7 7	1 5	"	YEAR Q T	6.25A M
4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. last birthday	IF UNDER 1 YE			OF BIRTH		6. BIRTH	PLACE (State or Foreign
318-24-7464	1 M 2 F	YRS.	MONTHS DA	YE HOURS MIN.	(Monin,	, Day, Year)		Countr	у)
9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUNT	TY OF D	EATH
Memoriall Hosp	ital		East	-on			Tal	bot	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY								- PC	
M d	40-4	10c. 6	ITY, TOWN OR L	DCATION					10d. INSIDE CITY LIMITS?
10e_STREET AND NUMBER	155181	7	coera	Bourg					1 YES 2 NO
Di R. (250	V 1-	01		101. ZIP CODE	0		10g. CITIZI	EN OF W	VHAT COUNTRY?
11. MARITAL STATUS	KINGER	z Ka		2160	8		(10	A.
1 Never Married 2 Married	2. WAS DECEDENT E FORCES? 1	YES 2 NO	13. WAS	DECENDENT OF HISP , specify Cuban, Mexi	ANIC ORIGIN: can, Puarlo R	? (Specify Yea Rican, atc.)	or No-	14. RACE Black	— Amaricen Indien, , White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		YES 2 NO Spe			2	Specif	N RIV
15. DECEDENT'S EDUCA	TION	16e. DECEDENT	S USUAL OCCU	PATION	1 100	KIND OF BUS	TALE SO (BLOVE	OTON.	WIK.
(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind o	work done durin	g most of working	100.	(INE 35/INDU	SIRT	
	conlege (1-4 or 5+)	Dar	nestic	3		MINS	Stic		
17. FATHER'S NAME (First, Middle, Last)		4/1/	100,10	16. MOTHER'S N	IAME (First M	fiddle, Maidan	Sumame		
George Mah	500			F 110	Ta	1			
19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Str	eet end Number or Run	I Boute Numb	nosu,	4	Cordo l	
WIR PIEld Toh	oson	Pa	RN1 25	2 V:00	160 0	1 1	5 do 00	1 1-	WY N 1 21633
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	N/Nama of	DATE	200 100	CATION — CI	-	1,114,040,00
Buriel 2 Cremation 3 Ramovi	al from State	gemetery, cremetory or		40	10.90	7 1	1 1		y Na
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	TILL CENTY S		E MID ADDRESS OF I	ACILITY	in jec	PELAIS	Sur	7,720
T. L. 22-10	1 1001	7	1700	10 Jus	hera	Hon	ve)		
22 PARTY FOR THE STATE OF THE S	1000	0	I. K	0.44	1279	1			
23. PART LEnter the diseases, or cor shock, or heart failure. Lis	nplications that c it only ona cause	auaad tha death. Do on aach lina.	not anter tha	moda of dying, au	ch es cardi	lac or reapin	ratory arre	at,	Approximata interval Batween
IMMEDIATE CAUSE (Final disease or condition	~	. 1	- 0						Onsat and Deeth
resulting in death)	Yea Syr	R AS A CONSEQUENCE	arlu	2					9 day
	DUE VID (OF	R AS A CONSEQUENCE	OF):						
Sequantially list conditions, b.	PER TO 10	AS A CONSEQUENCE	EXX	ema					1 day
if any, leading to immediate cause. Enter UNDERLYING	TO	OF	2						9800
CAUSE (Diseasa or injury that initiated evanta	DUE TO (OF	R AS A CONSEQUENCE	DED:						10000
reaulting in death) LAST	HIN	7							7
d									+ 4
PART II. Other significant conditions	contributing to da	ath but not resulting	in the under	ying cause givan i	n Part i.	24e. WAS AN / PERFORI			WERE AUTOPSY FINDINGS
) 0.DSLS						1 THE 2		1	AVAILABLE PRIDR TO COMPLETION OF CAUSE
- Hyperglye	enne					Farry	ly n		DF DEATH? 1 YES 2 NO
- Electrolit	e AGRO	malitie)			wife	Sec.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			. PLACE OF DEATH (C	heck only one,)		1	
		R/Outpstient 3 🗆 DOA	OTHER:	fome 5 🗆 Reeldence	6 Other	(Specify)			
27. MANNER OF DEATH	26e. DATE OF INJ (Month, Day,		ME OF 28c.	INJURY AT WORK?	26d. DESC	CRIBE HOW IN	JURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	NJURY — Al home, ferm, (Specify)	etreel, tectory,	offica	281. LOCAT	TION (Street ar	nd Number or	Rural Re	oute Number,
4 Homicide determined					0.1, 01	orand)			
29e. CERTIFIER (Check only	N: To the best of my	knowledge, death occur	red at the lime,	date and place, end du	e to the caus	e(e) and man	ner ea stated	,	
one) 2 MEDICAL EXAMINER:	On the basis of exam	Instion end/or Investigati	on, in my opinio	n, desth occured at th	e time, data e	end place, end	due to the	cause(e)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LtCENSE Nt					(Mgnth, Day, Year)
/ Mukaol	Lear	MA		D420		80.11	DATE S	71	10 cm / 0 1
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE (OF DEATH (ITEM 27) (Typ)	e, Print)	4.450	703				-3/7/
/ / /	es. Q			odieal)	Pa .	0.	Gun	On Co	tous AIN
31. DATE FILED (Month, Day, Year)	32 MEGISTRAD'S	SIGNATURE		Verice	(San	ar,	Suc	ENT/	LOWIN INCO
NUV 1 3 1991	guna Dai	don-gandell							

TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

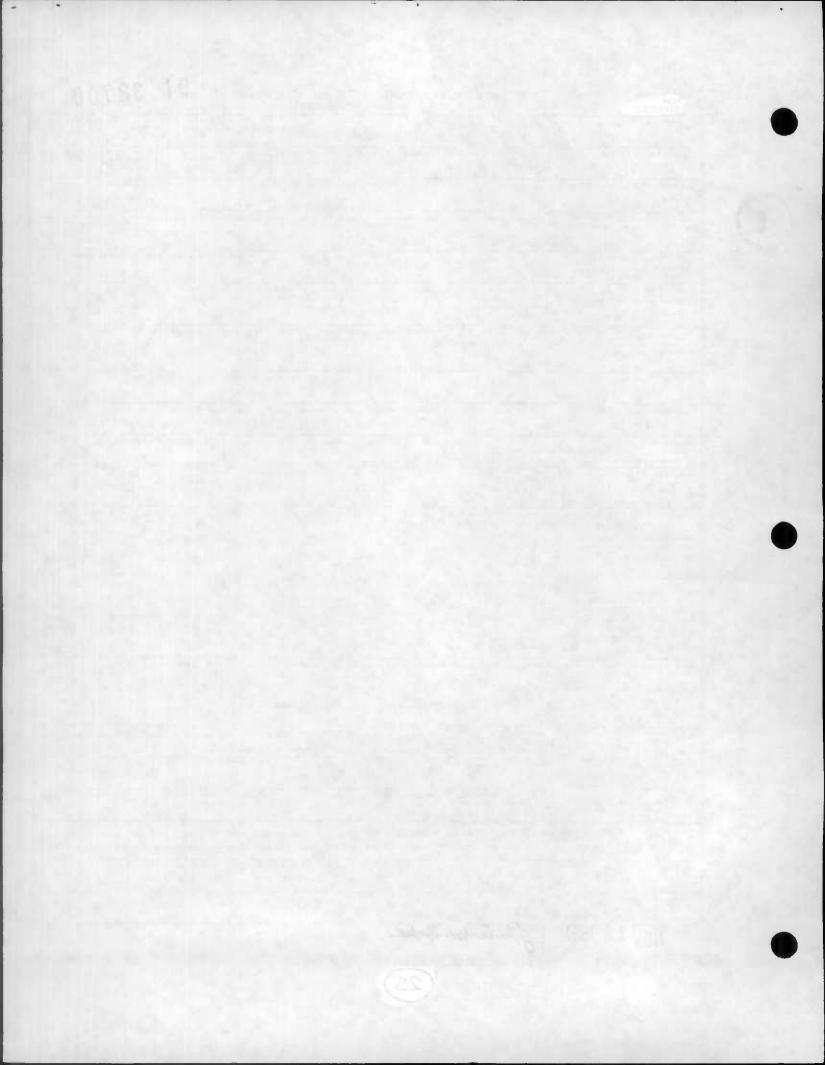
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

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2 -		STATE (EALTH AN DEATH		NTAL HYGIENE REG N	91	32708
1. DECEDENT'S NAME (FIRST,	Middle, Last)	ALFRED	RAYMON	D, KEI	IR				2. DATE OF DEATH MONTH	97 4	THE OF DEATH
4. SOCIAL SECURITY NUMBER 571-07-5	912	5. SEX 1 M 2 T F	8. AGE (In yrs. le 84	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER 24	MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/11/07		BIRTHPLACE (State or Foreign Country) Maryland
DA. FACILITY NAME (II not ins	100 m	treet and number) WRS CEM	TER		S, CITY,	VER	Sp.	OF DE	ATH CT,	Sc. COL	MTCHMERY
100. STATE	10b. COUNTY	ce George	. C		Y, TOWN O				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 3609 Hamilt					yacca		ZIP CODE	2			TIZEN OF WHAT COUNTRY? U.S.A.
11. MARITAL STATUS 1 Never Married 2 2 8 3 Widowed 4 Divor	Married	12. WAS DECEDEN	YES 24		1	f yes, sp	ENDENT OF	HISPANI Mexicen	IC ORIGIN? (Specify 1 n, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White
			·)	ECEDENT'S Give kind of a. Do NOT u	work done o se retired.)	during ma	N st of working		16b. KIND OF B	USINESS/IN	
17. FATHER'S NAME (First, Mic Alfred Ke	delle, Last)								ME (First, Middle, Maid Maisch		
Mamie L.									oute Number City or R attsville		
20. METHOD OF RESPOSITE 1 Burist 2 Creditation 2 Donating 5 Pines 2 21. SIGNATURE OF BUNERAL	SERVICE V	ENGEZ DW	For	et I.i.	ncolr Ga Hy	n Cer NAME AN asch	s Fun	of FAC	Bully 1 Home, 1d 20781	rentw 4739	cood, Md. Baltimore Ave.,
	art failure.							such	as cardiac or res	piratory ar	Approximate interval Between Onset and Death 7 2 Aury
Sequentially list condition from the sequentially list condition from the sequence of the sequential sequents are sulting in death) LAST	liate NG Ty	Co	Zonanz	on as a consequence of: Disease On as a consequence of: On as a consequence of: On as a consequence of:						Years	
PART II. Other significan		s contributing to	death but not	resulting	in the un	dertying nic (Cause glv	Con in F	Pert I. 24a. WAS / PERF	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER 4 Num	1 :	ACE OF DEA		ck only one) B ① Other (Specify)		
-	Pending mestigation	28a. DATE OF (Month, L		28b. TIM	IE OF JURY M		URY AT RK? 'ES 2 1	ND	28d. DESCRIBE HOW	INJURY OC	CCURED
3 Suicide 8 C	Could not be letermined		of INJURY — At h	ome, farm,	street, facto	ory, office			28f. LOCATION (Stree City or Town, Sta		or or Rural Route Number,
(Check only	-								to the cause(s) and m		nted. the cause(s) end manner as stated.
Wint	OF GEROFFIEL	mas	hm	0			29c. LICENS DO 4	FE NUM	DE DE	29d DAT	TE SIGNED (Month, Day, Year)
3415 HAM	PERSON WHI	Cin I	MATTSI	112	EN	17 2	078	2			•
31. DATE FILED (MONTH) TOH)	1991	32. HEGISTRU	David ACTURE	Pandel	2						

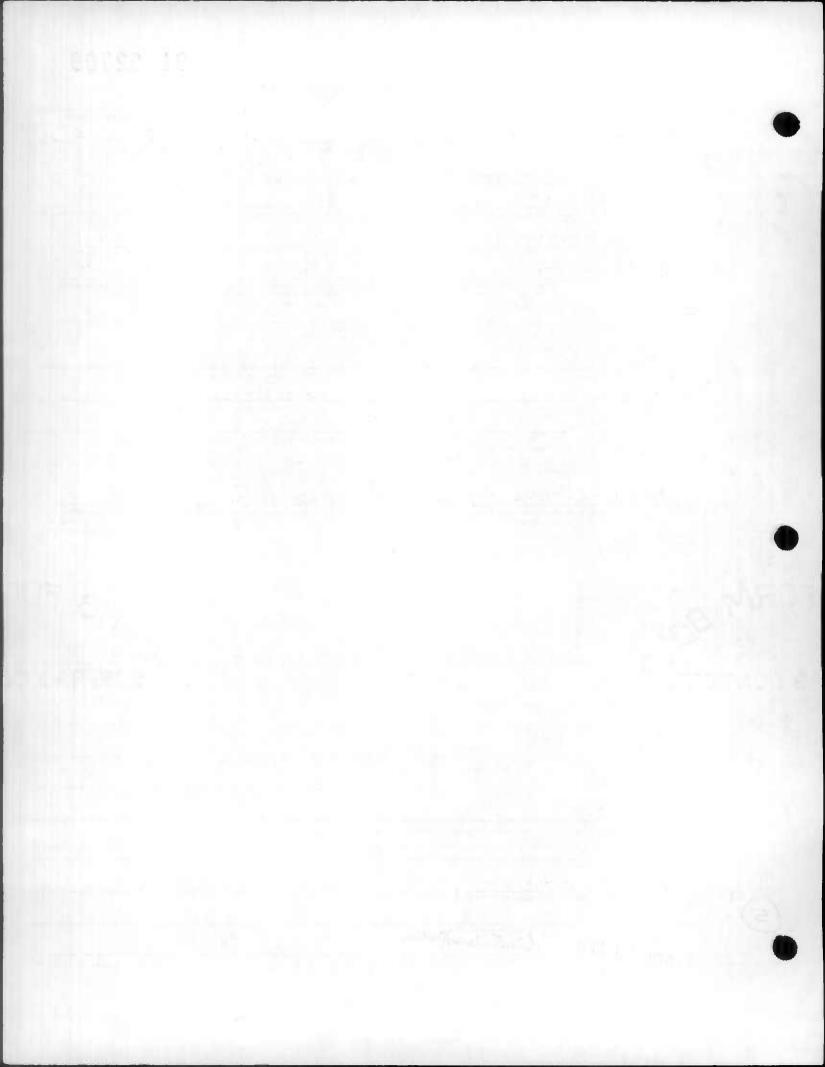


after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transi moval.	lical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- wounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	INCIDENTIFICATION OF THE PROPERTY OF THE PROPE

4. SOCIAL SECURITY NUMBER 504-34-6748 9a. FACILITY NAME (If not instituted in the second of the seco	eda J. K	ennedy					2. DATE OF	DEATH			3. TIME OF DEATH	
504-34-6748 90. FACILITY NAME (If not Institute Greenbelt Num RESIDENCE OF DECEM			7				MONTH	DAY 2		YEAR 91	6 45	
90. FACILITY NAME (# not institute Greenbelt Num RESIDENCE OF DECEM	04-34-6748 1							BIRTH 22,19	02	s. BIRTHE Country Nebr	PLACE (State or Foreign aska	
Greenbelt Num	ion, give street and nu	mber)			9b, CITY, TOWN	OR LOCATION OF D			9c. COUN			
	0	ter			Greent	elt			Prin	ce G	eorge's	
	COUNTY Prince Ge	orge's			, town or loc	TION					10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER		- 0			1	of, ZIP CODE			t0g. CITIZ	og. CITIZEN OF WHAT COUNTRY?		
13546 Youngwo	ood Turn					20715			Uni	ted	States	
11. MARITAL STATUS 1 Never Married 2 Mer 3 XXWidowed 4 Olyorced	ried FORC		YER IN U.S. ARM YES 2 NO OR DATES		if yes, s	CENOENT OF HISPAI pecify Cuban, Mexico S 2 NO Specifi	en, Puerto Ric			No 14. RACE American Indian, Black, White, etc. Specify: Caucasian		
		110	T 40 - DF0	FOFNITIO	1		Lantu	INO OF BUSI			asian	
(Specify only hig Elementary/Secondary (0-12)	8 Homemaker							wn Hon		SIRY		
17. FATHER'S NAME (First, Middle	, Last)					18. MOTHER'S NA	AME (First, Mic	ddle, Maiden S	umame)			
17. FATHER'S NAME (First, Middle, Last) Gustav Berke Aguste Strehlke												
19a. INFORMANT'S NAME (Type/	Print)		19b.	MAILING	ADDRESS (Street	and Number or Rural			State, Zip	Code)		
Eugene L. Ker	nnedy		Sa	ime a	s #10							
20a. METHOD OF DISPOSITION	Damauni from	Pánta	20b. PLACE O	F DISPOS	SITION (Name of c	emetery, cremetory or		20c. LOC	ATION — C	Ity or Tov	vn, Stata	
1 Burial 2 Cremation 4 Donation 5 Other (Spe	ecify)	5 CM10			tan Cre	ematory		Alex	andr	ia,V	irginia	
21. SIGNATURE OF FUNERAL SI	ERVICE LICENSEE		Pres		Beal:	ADDRESS OF FA Evans F Annapol	'unera				15	
	eee, or complicat failure. List only			eth. Do n							Approximete Intervel Betwee Oneet and De	
iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	aM	MO COU	dul AS A CONSEQU	UENCE OF	facts	in					Onest and De-	
Sequentially list conditions			AS A CONSEO									
If any, leading to immediat ceuse. Enter UNDERLYING CAUSE (Disease or Injury			AS A CONSEO									
that initiated events recuiting in deeth) LAST	d	202 10 (011		outton of	,							
PART II. Other eignificent	conditione contrib	uting to dea	ath but not re	suiting i	in the underlyi	ng ceuae given in	Part i.	4a. WAS AN		24b.	WERE AUTOPSY FINDIN	
corehova	scular	010	ides	nt			_	PERFORM	. /		AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	
											1 YES 2 NO	
25. WAS CASE REFERRED TO M	EOICAL HOSPI	TA1.				PLACE OF DEATH (C	heck only one)					
1 TYES 2 NO			I/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Realdenca	8 Other	(Specify)				
27. MANNER OF DEATH 1 Netural 5 Pen 2 Accident		28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO					28d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 8 Cou	id not be rmined	PLACE OF IN building, alc.	JURY — At hon (Specify)	ne, larm, e	etreat, factory, of	lca		TON (Street ar Town, State)	nd Number	or Rural R	loute Number,	
one)	ING PHYSICIAN: To () and manner as staled	

32. REGISTRAR'S SIGNATURE Junia Davidson Randoll 1991

DHMH-16 Rev 1/89



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TE	afte	28
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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20	E I	TA
표	THE	P09
2	2 3	Σ

1 - STATE REGISTRAR	OINIE OI WAI			OF DEATH	WILHIAL	REG. NO.	-				
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			. TIME OF DEATH	_	
IRMA P. I	KIEFFER				MONTH 11	15		PAR 1	1200	N	
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)				Day, Year)	6.	BIRTHPL Country)	ACE (State or Foreign	n	
131-20-0665	1 □ M 2 🔀 F	81 YRS.	MONTHS DA	YS HOURS MIN.		_1910			RYLAND		
9e. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TO	WN OR LOCATION OF D			9c. COUNTY				
228 CANAL PARK	DRIVE		SAL	ISBURY			WICO	OMICO			
MD . WIC	OMICO		LISBU						Od. INSIDE CITY LIMITS? YES 21 NO		
10e, STREET AND NUMBER	OMICO	J SA	.UISDU	10f. ZIP CODE		-	100 CITIZES		OF WHAT COUNTRY?		
228 CANAL PAR	K DRIVE,	G-206		21801			log. Offizer		s.a.		
	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED	S 2XNO If yes, specify Cuben, Mexicen, Puerto Rican, etc.)						- American Indian, White, etc.		
									WHITE		
15, DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working	16b,	KIND OF BUS	SINESS/INDUS	TRY			
Elamentery/Secondery (0-12)	College (1-4 or 5+)					2222		***	COTEST		
1.2	-	SECRE	TARY) H(DSPITAL		
17. FATHER'S NAME (First, Middle, Last)		71.50		18. MOTHER'S N							
	A. POLLI					E. PA					
19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rurai				de)			
N. FREDERICK K	IEFFER, J			nd ST.,S		-			92102		
20e. METHOD OF DISPOSITION 17 Burlel 2 Cremetion 3 Remove	val from State	other place)		of cemetery, crematory or		20c. LO	CATION — City	or Town	n, State		
4 Donation 5 Other (Specify)		WICO.				SA	LISBU	RY,	MD.		
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0 -	22. NAN	E AND ADDRESS OF F	ACILITY						
Suald C	1 Jou	208	BOI	INDS FUNI	EDAT	HOME	CATT	CDII	DV MADS	73	
immediate cause (Final disease or condition resulting in death)		1	OF):	f Bana	cua	2			Interval Betw Onset and De		
Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE (OF):								
ceuse, Enter UNDERLYING											
CAUSE (Diseese or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE (OF):							-	
reculting in deeth) LAST											
DADT II Other electrication			1- 4								
PART II. Other significent conditions	contributing to deal	in but not resulting	in the under	nying cause given in	n Part I.	24a. WAS AN PERFOR	RMED?	0	VERE AUTOPSY FINDII WAILABLE PRIDR TO COMPLETION OF CAUS OF DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			2	S. PLACE OF DEATH (C	Check only on	9)					
	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER:	Home 5 - Mesidence	8 🗆 Other	(Specify)					
27. MANNER OF DEATH	28s. DATE OF INJU	IRY 26b. Til	ME OF 280	. INJURY AT	-		NJURY OCCUP	NED			
1 Natural 5 Pending	(Month, Day, Ye	ery IN	M 1	WORK? YES 2 NO							
2 Accident Investigation 3 Suicide 6 Could not be	Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 26t. LOCATION (Street and Number or Rural Roll										
4 Homicide 6 Could not be determined	building, etc.	specify)			City	or Town, State)					
290. CERTIFIER	IANI To the Nice of	mandadas dalah s		auc many	1.0					-	
(Check only one) 1 CERTIFYING PHYSICS 2 MEDICAL EXAMINER									and manner on at-1		
	. On the seale of examin	michi annor investigat	rost, in my opini			and prace, el	ru gue to the c	-use(e)	end manner ee state	d,	
29b, SIGNATURE AND TITLE OF CERTIFIER	200			29c. LICENSE NI					Month, Day, Year)		
Willer of	Ille h	M)		Dos	2119		> //	-18	3-91		
30. NAME-AND ADDRESS OF PERSON WHO	COMPLEXED CAUSE OF	F DEATH (ITEM 27) (Typ		. 4 /	26,						
Wilber R. F	- lles 15	TOMED	Sa	lieburn	1,M	0.21	801				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S				V						
NOV 1 % 1991	Julia Davids	on-Randell									

And the same of th

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	•	FOR STATE REGISTR	AR
1	ı. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, La						2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEAT	Н
GEORGE ARTH	UR KIGHT	Г					ember			1:50	P
4. SOCIAL SECURITY NUMBER 220-10-2907	5. SEX 1 X M 2 F	6. AGE (In yrs. 81	last birthday) YRS.	MONTHS DAYS		7. DATE (Mont Mar	of BIRTH	1910	8. BIRTH Count W •	HPLACE (State or Fo try) Va.	eign
96. FACILITY NAME (If not institution, gi Dennett Road Ma RESIDENCE OF DECEDENT	nor Nursin	ng Home		96. CITY, TOWN	N OR LOCATION OF			9c. COL		rett	
Maryland Garrett			A	ry, town on Locakland	CATION	П			10d. INSIDE CITY LIMITS? 1 K YES 2	NO.	
00. STREET AND NUMBER 201 E. Mason Street Apt. #			1 00		101. ZIP CODE 21550			10g. CI		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		NT EVER IN U.S. 1 YES 2 WAR OR DATES		If yes,	Specify Cuben, Mexics 2 NO Specify Cuben	ANIC ORIGIN? (Specify Yes or No— 1- cen, Puerto Ricen, etc.)			14. RAC Blac	14. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 7	EDUCATION rade completed) College (1-4 or 5	+)					Automo		IDUSTRY		
17. FATHER'S NAME (First, Middle, Last) Alfred A. Ki					18. MOTHER'S		Middle, Maide				
19a. INFORMANT'S NAME (Type/Print)		363			et and Number or Run						
Blaine Kight		_		Box 9		-	rk, M	_			
20e METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 1 1 4 Donetion S Other (Specify)	Removal from Stata	of cemes	tary, cremator	re of disposition of the place) the tery	ON (Name	1 1 /		ocation -		Maryland	
21. SIGNATURE OF RUNERAL SERVICE **COLUMN TO THE SERVICE SERV	Dus	# MOO:			t Funera		ne - 0		nd, M	ld. 21550	_
23. PART I. Enter tha diseasea, shock, or heart failu	or complications the	at caused that use on each	death. Do	Durs	st Funera	uch as car	ne - O	aklar	nd, M	- 10	ate
23. PART I. Enter tha diseasea, shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition	Dr complications the tree. List only one ce	at caused that use on each	death. Do	Durs	t Funera	uch as car	ne - O	aklar	nd, M	Id. 21550	ate
23. PART I. Enter tha diseases, shock, or heart faile IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	Dr complications the tree. List only one ce	at caused that use on each O (OR AS A CON O (OR AS A CON O (OR AS A CON	death. Do	Durs	et Funera mode of dying, en an cu or rexistati	M A	ne - O	aklar piratory e	nd, M	Id. 21550	NDIFTO CAUS
23. PART I. Enter tha diseasea, shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions.	Dr complications there. List only one ce a. S9 b. DUE TO c. DUE TO d. Itlons contributing to	at caused that use on each O (OR AS A CON O (OR AS A CON O (OR AS A CON	death. Do	Durs not enter the i	et Funera mode of dying, en an cu or rexistati	M A	24a. WAS A PERFC	aklar piratory e	nd, M	Abproximinterval B Onset and Onset a	nte btwe I De
23. PART I. Enter tha diseasea, shock, or heart failt IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO d.	at caused that use on each O (OR AS A COM O death but n	death. Do line. A.S. C. SEOUENCE C. SEOUE	Durs not enter the in OF): OF): OF): OF): OF): OF):	et Funera mode of dying, et an cu or refus for ving couse given	M A In Part I.	24a. WAS A PERF(1 YES	aklar piratory e	nd, M	Abproximinterval B Onset and Onset a	nte btwe I De
23. PART I. Enter tha diseasea, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions and conditions are significant conditions. The conditions are significant conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions are significant c	b. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE O (Month,	at caused that use on each to the control of the co	death. Do line.	Durs not enter the incomplete of the content of th	et Funera mode of dying, as an a	M A In Part I.	24a. WAS A PERF(1 YES	aklar piratory e	nd, Morrest,	Abproximinterval B Onset and Onset a	nte etwe ! De
23. PART I. Enter tha diseasea, shock, or heart fails IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significent conditions in the conditions of the condits of the conditions of the conditions of the conditions of the c	DIC COMPILEATIONS THE LIST ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	at caused that use on each use on each of the control of the contr	death. Do line.	Durs not enter the incomplete of the content of th	INJURY AT WORK?	In Part I.	24e. WAS A PERFC 1 YES	aklar piratory e AN AUTOPS ORMED? 2 NO	y 24	Abproximinterval B Onset and Onset a	NDIP TO CAUS
23. PART I. Enter tha diseasea, shock, or heart failum MEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions or condition	DIC COMPILEATIONS THE LIST ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	at caused that use on each of the control of my knowledge.	death. Do line. AS SEOUENCE CONSEQUENCE C	Durs not enter the i OF): OF): OF): In the underly ME OF 28c. JURY M 1 street, factory, o	wode of dying, as an a	In Part I. Check only of 28d, Do	24a. WAS A PERF(1 YES CATION (Street y or Town, State	aklar piratory e AN AUTOPS' ORMED? 2 M NO V INJURY O	Y 24	Approximinatorial B. Merica and Interval B Onset an	NDIN TO CAUSE NO
23. PART I. Enter tha diseasea, shock, or heart failum MEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions or condition	DIE TO a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, lone) be defined the best of MINER: On the best of	at caused that use on each of the control of my knowledge.	death. Do line. AS SEOUENCE CONSEQUENCE C	Durs not enter the i OF): OF): OF): In the underly ME OF 28c. JURY M 1 street, factory, o	wode of dying, as an a	In Part I. Check only of 28d, Dollar to the che time, designment of the control of the control of the time, designment of the control of the	24a. WAS A PERF(1 YES CATION (Street y or Town, State	AN AUTOPS: ORMED? 2 NO VINJURY O	Y 246 CCURED tated. the cause	Approximinatorial B. Merica and Interval B Onset an	NDIN TO CAUSE NO

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
	Elizabeth	Jane	Leser							November 5, 199			11:00 a.m.	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH		& BIRTHPLACE (State or Foreign			
-	577-26-310		1 🗆 M 2 💢 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	July 17	1923	Was	hington, DC	
	9a. FACILITY NAME (If not in	nstitution, give :	street and number)			9b. CITY	, TOWN (OR LOCATI	ION OF OR			UNTY OF I		
DIRECTOR	9212 51st		e			Co1	lege	Par	k			Prince George's		
5	RESIDENCE OF DEC	10b. COUNT	v											
R	Maryland		ce George	1.	100	T 1 a a							10d. INSIDE CITY LIMITS?	
	10a. STREET AND NUMBER		ce deolge	- 5	1 00.	11eg							1 TYES 2 NO	
RA	9212 51st		a			10f. ZIP CODE 20740					1		WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	11V CITA		T EVED IN U.S. AC		-						S.A.		
	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 FYES, GIVE WAR OR			YES 2	NO		If yes, sp	ecfix Cnpi	ırı, Mexice	IIC ORIGIN? (Specify n, Puerto Rican, etc.	Yes or No-	14. RAC Blac	E American Indian, ik, While, alc.	
ВУ	3 📉 Widowed 4 🗌 Divo	orced	IF TES, GIVE Y	WAN OH DATES			1 YES	24 NO	Specify			Spec	Specify: White	
COMPLETED	15. OEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF	BUSINESS/II	NDUSTRY		
E	Elementary/Secondary (0		College (1-4 or 5		Do NOT us	Ind of work done during most of working NOT use retired.)							deral	
MP		8th Grade None				r				Food (hain	- Su	permarket	
00	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Middle, Mai	len Surname)			
BE	Owen Tripp									Love				
0	19a. INFORMANT'S NAME (1)		12	19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	loute Number, City or	Town, State, 2	(ip Code)		
	Elizabeth	Y. Les	ser (Daug	ghter) I	720 (01d (Calv	ert	Cour	t, Severr	, Mar	ylan	d 21144	
	1 Si Burlet 2 Completto	iON in 3 Rem	ovel from State	20b. PLACE	AND DATE	OF DISPOS	ITION (Na	me of			LOCATION -			
ы	4 Donation Dother		n /	Fort	Linco								Maryland	
	- A. V	N	72	/ /)	F1	name an	D ADDRE	as of fac	S Sons I	unera	1 Ho	me. P.A.	
	1 aut	N	Lick	ruch	/	47	739	Balt:	imore	Ave. Hy	attsv	ille	, Md. 20781	
	23. PART I. Enter the di	seases, or d	omplications that List only one cau	t caused the de	ath. Do r	not enter	the mo	de of dy	ing, auch	aa cardiac or re	piratory a	rrest,	Approximate	
	IMMEDIATE CAUSE (Fin	cart rangre.	Liat only one cau	Se on each line	r	n	/		-	/			Interval Between Onset and Death	
	disease or condition resulting in death)	+	11/01	richit.	7 1	10/0	1101	tipe.	1	Carcin	111		2 548	
	1.000		DUE TO	TOR AS A COMSEC	DUENCE DE	Fji	7.	e tree	V	01 - 1/01			6 3700	
N	Sequentially list conditi	000	b				-							
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSEC	OUENCE OF	F):								
FIC	CAUSE (Disease or Injur		C. DUE TO	(OR AS A CONSEC	MENOE OF									
E	that initiated events reaulting in deeth) LAS	T	502 10	(ON AS A CONSEC	JUENCE OF	-):								
CE		-	d											
MEDICAL	PART II. Other aignifica	nt condition	s contributing to	death but not r	eauiting i	in the un	deriying	ceuse g	jiven in I	Part I. Jan. WAS	M AUTOPEY	24h	WERE AUTOPSY PINDINGS	
Dic										1 T VES	DRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME											- 64		OF DEATHY	
ä													30,00	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL					ACE OF DE	EATH /Chie	ik anly unit)		-		
YSI	1 TYES 2 NO		1 D Impatient 2 D	ER/Outpetiers 3	□ DOA	4 Nurs		skin	eldence é	☐ Other (Specify)				
PH	1 Natural 5 1		28e, DATE OF (Movin, De	muuny muuny	29b. TIME INJ	E OF URY	THE HAX	MY AT	T	28d. DESCRIBE HO	PLUMY OC	CUMED		
BY		Pending neestigation				N.	1 🗆 y	E5 2 [NO.					
ED		Could not be letermined	28s. PLACE Of building,	F INJURY — At bor etc. (Npec/ly)	mu, taem, s	treet, facts	ery, affice			281, LOCATION (Street City or Town, Sta	c and Numbe	r or Hund A	louis Number	
E	The Name of the State of the St													
린	CONTROL X CERT	FYING PHYSIC	To the best of	my knowledge, des	ath occurs	d at the ti	tte, date	and place.	and due t	o the cause(s) and a	enner as ste	fed.		
COMPLET	All 2 MEDIC	CAL SKAMPHE	R: On the bests of ex	amination and/or is	nvertigation	n, in my os	olokon, de	ath accur	ed at the t	me, date and place,	and due to t	ne causaje	and manner so stated.	
BE	260 AKSHATUHE AND TITLE	ph celmrun	2	mx				29c UCE	NSE NUM	IER	29d. DAT	E SIGNED	(Mogh, Day, War)	
0/1	11/1/ W	VIII	1100	1111)				008	750	4	1 1	116	191	
1	36. NAME AND ADDRESS TO		Maria Company of the				-					17		
	Dr Thomas E	Bensin	ger, MD	7525 Gr	eenwa	y Ce	nter	Dri	lve,	Suite 20	5, Gr	eenbe	elt, Md.	
	NOV 129, 1	991	32. REGISTRA	Sis Elghotunen	dell								20770	
	CM I I II		11											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 though be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It is at 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Moriti, Penyyber) 1991

1 - STATE REGISTRAR		STATE OF N					EALTH AN	D MEN	TAL HYGIEN				
1. DECEDENT'S NAME (First, Mid Billy V. Les		BILLY VHARD LESSLEY					2.1	2. DATE OF DEATH MONTH 11 10 91 YEAR			3. TIME OF DEATH 4:50 P M		
4. SOCIAL SECURITY NUMBER 429-60-0054				In yrs. lest birthday) YRS. IF UNDE		DAYS	IF UNDER 24 HR HOURS MII	Fé	ATE OF BIRTH Month, Day, Year) b. 1, 19	8. BIRTH Count		ansas	
Leland Memor	9e. FACILITY NAME (If not Institution, give street end number) Leland Memorial Hospital RESIDENCE OF DECEMENT						lale, M		and	9c. COUN	P.C		
10e. STATE 100	b. COUNTY	George	¹ s		y, town o		Park	T			10d. INSIDE CITY LIMITS? 1 X XYES 2 NO		
10e. STREET AND NUMBER						10f	20782					vhat country?	
					- 1	MAS DEC	ENDENT OF HIS	xicen, Pu	RIGIN? (Specify Yes	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.	
15. DECEDE (Specify only hig Elementary/Secondary (0-12) 1 2 th	7	College (1-4 or 5 -	·) ((ECEDENT'S Give kind of v e. Do NOT us rofes	work done o se retired.)	CCUPATIO	ON st of working		Inivers	SINESS/INDI	USTRY	aryland	
17. FATHER'S NAME (First, Middle Robert M. Les		J-24					16. MOTHER'S		irst, Middle, Malden		ow r.	ar y rana	
190. INFORMANT'S NAME (Sipe/Print) Mary El/Ien Lessley							nd Number or R	iral Route	Number, City or Tow rsity Pa			20782	
Sup. METHOD OF DISPOSITION TO A DOSANTON A D	3 Pamov	0	other p	ilace)	eaver FR	n Ce		FACILIT		NERAL	HOM	g, Md. E, P.A.	
23. PART I. Enter the disease hock, or heard immediate CAUSE (Finel disease or condition resulting in death)	eses, or control failure. Li	Inaul	defection (OR AS A CONSI	tej	F1	the mo	de of dying,	buch as	fail	ure		Approximate Interval Betwee Onset end Dee	
Sequantisity list conditions if eny, leeding to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	te	ald	OF AS A CONSI	res	rme	T.	pras Iles	de	cord	m	ols	espect	
PART II. Other significent	conditions	contributing to	deeth but not	resulting	In the un	derlyin	g ceuse give	In Pari	I. 24e. WAS APPERFO	RMED?	241	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO M EXAMINER?							(Check o	nly one)		_			
	1 VES 2 AND 1 Ampetient 2 DER/O 27. MANNER OF DEATH 28e. DATE OF INJUR (Month, Day, Yea			Y 28b, TIME OF			Ne 5 Reside	-	8 Other (Specify) 28d, DE\$CRIBE HOW INJURY OCCUREO				
27. MANNER OF DEATH	nding			4194	M 1 TYES 2 NO Y — At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident Inve 3 Suicide 8 Cou	nding eatigation uid not be ermined	(Month, E	lay, Year)			1 🔲	YES 2 NO	-	LOCATION (Street City or Town, State	end Number	or Rural	Route Number,	
27. MANNER OF DEATH 1	eatigation uid not be ermined	28e. PLACE Coulding. AN: To the best of	F INJURY — At the etc. (Specify)	nome, farm,	street, fact	1	YES 2 NO	due to ti	City or Town, State	nner as state	ed.	Rours Number,	

32. REGISTRAPIS SKRYATURE Pandale

24 nours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached	ion, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	TO THE	be filed	IMPO

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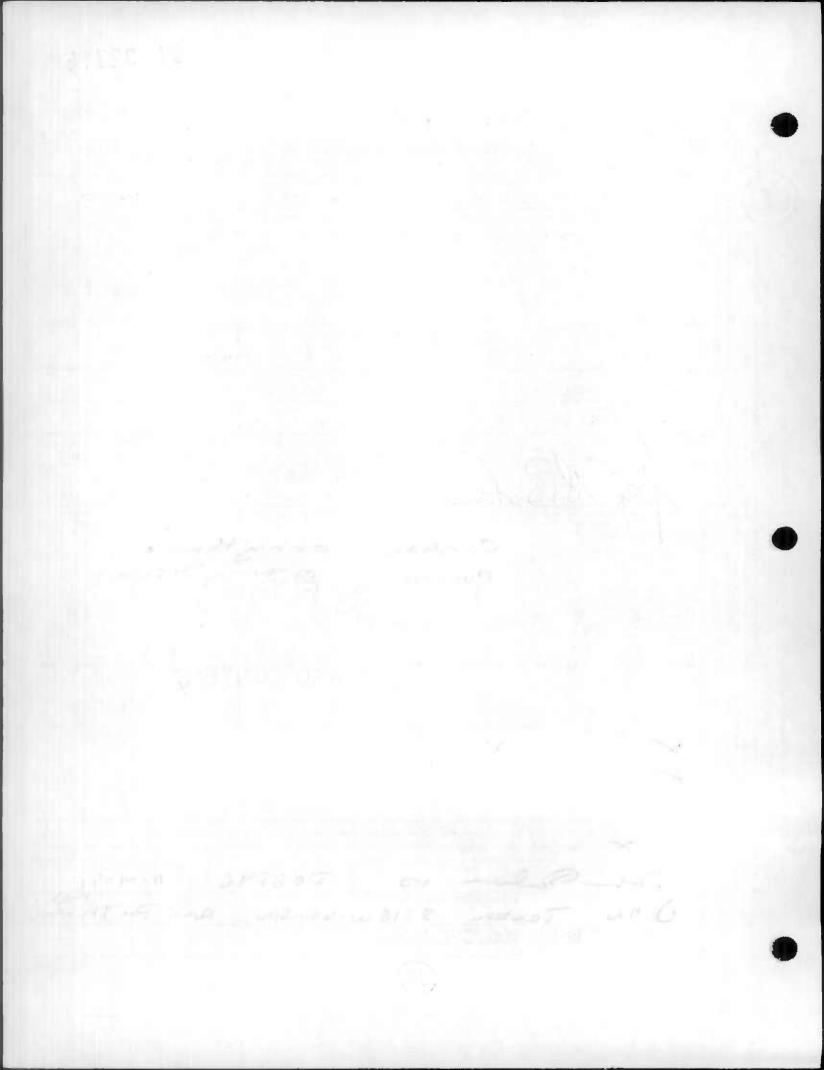
	FOR 1 - STATE REGISTRAR	STATE OF MARYLANE		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO	_					
	1. DECEOENT'S NAME (First, Middle, Lest) LOVELL, GEORGE	GEORGE ETHELE	BERT LOVEL	L		AY YEAR	3. TIME OF DEATH 1 0955 ar				
		. SEX 6. AGE (in yrs.	last birthday) IF UNDE	R 1 YEAR IF UNDER 24 NRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dgy. Year) 0 4 - 2 8 - 0	Co	ATHPLACE (State or Foreign untry)				
LOR	9a. FACILITY NAME (If not institution, give stree Washington Adve			y, town on Location of a koma Park	DEATH	9c. COUNTY O					
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	ce Georges	10c. CITY, TOWN	OR LOCATION	Adelphi		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
EHAL	100. STREET AND NUMBER 9602 Riggs Rd		4	10f. ZIP CODE 20783		U.S.A	• WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		MAS DECENDENT OF HISP. If yes, specify Cuban, Mexit 1 YES 2 4 NO Specify	can, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, atc. pecify: White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Lin Grade		DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. Builder	during most of working	Constru	siness/industr	Y				
BE CON	17. FATHER'S NAME (First, Middle, Læst) William O. Lovell				AME (First, Middle, Maiden Hamilton	Surnama)					
20	19a. INFORMANT'S NAME (Type/Print) Phyllis Lovell (Sp	ouse)		gs Road, Ade			0783				
	288. METHOD O DISPOSITION 1 Burlet 2 Crement on 3 Remove 4 Donation 1 00 Crement on 3 Remove 4 Donation 1 Crement on 1 Cre	of from State	Fort Line	oln Cemetery	Br		, Maryland				
	21. SIGNATURADO FUNCIÁN SERVIDADOS	3 when	F	name and address of ancis Gasch	Sons Fu	neral H	ome, P.A. e, Md. 20781				
	23. PART . Enter the diseases, or corehock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on each	line.			. 6	Approximata interval Betwaen Onset and Death				
CO	Sequentially list conditions, if any, leading to immediate										
ERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COR	NSEQUENCE OF):								
MEDICAL C	PART II. Other aignificant conditions	contributing to death but n	ot resulting in the t	indarlying cause givan	in Part i. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? t YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
IYSIC	YES 2 NO	HOSPITAL 1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
ВУ РН											
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Spec#y)	At home, farm, street, fa	ectory, office	281. LOCATION (Street City or Town, State	and Number or Ru	erel Route Number,				
OMPLE	(ONOOR ONLY	AN: To the best of my knowledge On the basis of examination and					se(a) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year)											

32. REGISTRAR'S CIGNATURE
Juna Davidson-Randell

8218 WIS ONSIN

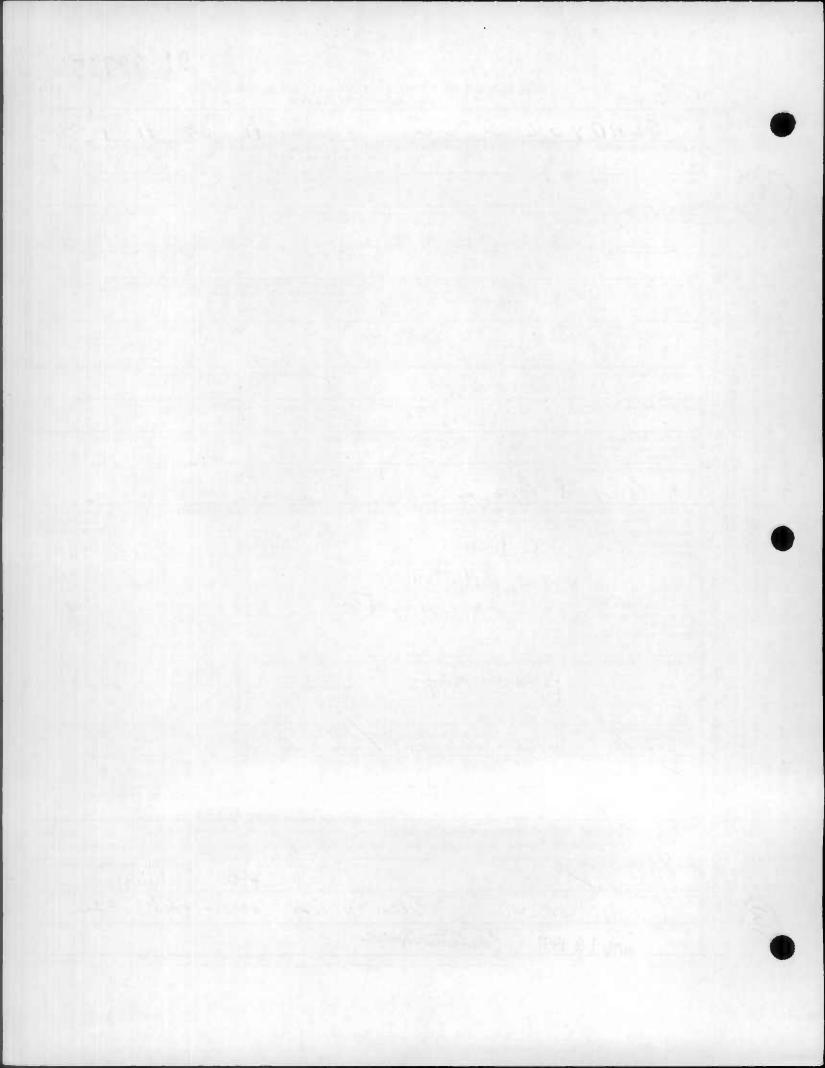
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Del 199) 1991



DALIMONE, MARTLAND	TO THE HIDSPITUL OR ACTENDING PHYSICIAN: The saw requires that the death certificant be responded within 24 fours, other stadil. Plage 6 may be retained by the bos	TO THE FUNERAL CHECOLINE After this conflicter has been signed by the attention physician and completely filled in by the tuneal diverse, page 5 should be estauth to flaut within 70 hours after chain with the State Dec. of Health and Mencal Hopers after to build, consider, or remove.	IMPORTANT If item 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MA	RYLAND / DEPART CERTIFIE	MENT OF H		REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lost) LOUISE	OVE			2. DATE OF DEATH	9	EAR 3. T	IME OF DEATH 1 · 55 PM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 226-44-9177 D 1 M 2XXF	MONTHS DAYS HOUS					Country	E (State or Foreign hannockaCo		
5	9a. FACILITY NAME (If not institution, give street and number) Presidential Woods Nursin	g Home		i, Maryla		Princ		orges		
JINEC	MARYLAND Princes George		town or locat	ON				. INSIDE CITY LIMITS? YES 2 NO		
ENAL	100. STREET AND NUMBER 1801 Metezerott Road		101	2IP CODE 20783		10g. CITIZEN	N OF WHAT			
DI LON	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuben, Mexican, Puerto Ricen, atc.) 1 YES 2 NO Specify:							
ILCC CO	15. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of w life. Do NOT use Homen	ork done during mo	N at of working	16b, KIND OF BUS		ISTRY			
200	17. FATHER'S NAME (First, Middle, Lest) Claude Gordon				ne (First, Middle, Maiden da Jones	Surname)				
2	JUNE Brockett (Daughter)	19b. MAILING 8837			oute Number, City or Tow Columbia,		Zip Code) 21045			
	20a_METHOD OF DISPOSITION 1 \(\begin{align*} \text{Aburiel} & 2 \text{Cremation} & 3 \text{Removal from Stata} \\ 4 \text{Donastion} & \text{Cremation} & \text{Cremation} \\ 4 \text{Donastion} & \text{Cremation} & \text{Cremation} \\ 4 \text{Donastion} & \text{Cremation} & \text{Cremation} & \text{Cremation} & \text{Cremation} &	20b. PLACE OF DISPOSI other place) Fairview	Cemeter	у	20c. LOCATION — City or Town, Culpepper, Vi					
	Delet S. Pope J. M859 22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HON 2617 PA. AVE. S.E. WASH, DC.							20		
	DUE TO (O)	DN each line. WWW.MA R AS A CONSEQUENCE OF):	de of dying, auch	as cardiac or respi	ratory arrasi	t,	Approximete Intervel Between Onget and Death Aby S		
THE PARTY	If any, leading to immediate course. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			years						
IN: MEDICAL CE	PART II. Other eignificent conditions contributing to de	oppings	n the underlying	cause given in i	Pert i. 24e. WAS AN PERFOR 1 YES 2	RMED?	AVAI CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO		
DIVID	EXAMINER! LO YES 2 NO HERICAL HOSPITAL: 1 Inpatient 2 E	HOSPITAL: OTH B:								
L FILL	25. DATE OF IN. 1 Network 5 Pending (Month, Day.	JURY 28b. TIME	OF 28c, INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCUP	RED			
200	2 General to See PLACE OF II building, etc.	281. LOCATION (Street City or Town, State)	CATION (Street and Number or Rural Route Number, or Town, State)							
OMPLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my 2 MEDICAL EXAMINER: On the basic of axan							I manner as stated.		
200	290. SAPANATE AND TITLE OF CENTERS			29c, LICENSE NUM J 27	190	▶ 1/1	641	nth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE SUHJS LER MO	of DEATH (ITEM 27) (Type, 4500 Creeks 5 SIGNATURE Davidson-Ran	Print) Paway (topr.	Creenbel	+ Med	207	70		
	31. DATE FILED (Month Day, Year) 32. REGISTRAN'S	s signature Davidson-Ray	rdell							



	1 - STATE REGISTRAR	STATE OF N			OF DEATH			HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) JOHN PAUL		1	ENH	OFF	SR.	2. DATE OF MONTH	DEATH DA	Υ	YEAR 91	3. TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtho							7	11	LACE (State or Foreign	
	221-03-7108	1 M 2 D F	79 YRS.	MONTHS D	AYS HOURS	MIN.	7. DATE OF (Month, D	ay, Year)	10	Country)	,	
-	9a. FACILITY NAME (If not institution, give s	13	9b. CITY, TO	WN OR LOCATI	ON OF DEA	3-23 ATH	-19			Delaware NTY OF DEATH		
DIRECTOR	PENINSULA GE	SPITAL.	S	ALISBUE	2 V				WICO	MICO		
1 2	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY									WICOI	MICO	
=				TY, TOWN OR E							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	rset	C	risfi	eld						1 YES 2 NO	
RA					101, ZIP COD	E			10g. CIT	IZEN OF WI	HAT COUNTRY?	
FUNERAL	26871 Wellington				218					USA		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If ye	DECENDENT Cos, specify Cubs	in, Maxican,	, Puerto Rica	ipecify Yea n, atc.)	or No-	Specify		
C	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S	S USUAL OCCU	PATION		1 405 1/11	ND OF BUS			White	
E E	(Specify only highest grade Elamentery/Secondary (0-12)	College (1-4 or 5 +	(Give kind of	work done durin	g most of working	ng	100. K	VD OF BUS	INESS/INI	DUSTRY		
_ <u>Z</u>	8	Conside (1-4 of 5 +		Duo	Jowles							
COMPL	17. FATHER'S NAME (First, Middle, Last)		11001 &	Dye	Worker		Gel E (First, Midd	iera	I Mo	otors	corp.	
E C	John A. Lenho	ff							iumame)			
00	19a. INFORMANT'S NAME (Type/Print)		10h MAII IN	ADDRESS (C)			ra La					
5	Florence A. Le	nhoff		as 1	eet and Number	or Hunal Ho	oute Number, (City or Town	, State, Zip	o Code)		
3	20s. METHOD OF DISPOSITION	HILOTT										
	1 Burlat 2 Cremation 3 Ramo	rval from State	20b. PLACE AND DATE cemetery, cremetery or cemetery.	of Dispositio	N (Name of		DATE	ATE 20c. LOCATION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	Lastern		E AND ADDRES		1	Geo	rget	town,	Del.	
	· Luald	7 Bre	mex					Tome	. Sa	alieh	oury, Md.	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								Onest and beauti			
	PART II. Other eignificent conditions	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
DICAL	Spalu wit	to alba	Cla O /	in the under	ying cause g	liven in Pa		PERFORM	IED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
0	Show with			Sten	025		_ 10	YES 2	NO .		OMPLETION OF CAUSE OF DEATH?	
×	CHE,	respect	useen						-	1	☐ YES 2 ☐ ND	
Z		0/										
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DE	EATH (Check	k only one)					
PHYSICIAN			ER/Outpetient 3 DOA		Home 5 🗆 Res	sidence 8	Other (Sp	өсііу)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF II (Month, Da)	r, Year) INJ	M 1	INJURY AT WORK? YES 2		28d. DESCRII	BE HOW IN.	JURY OCC	CURED		
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At home, ferm, tc. (Specify)	stree1, factory,	office	2	City or To	N (Street an wn, State)	d Number	or Rural Rou	ite Number,	
OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 1 CERTIFICATION ON 1 CERTIFYING PHYSIC DESCRIPTION ON	IAN: To the beat of n	ny knowledge, death occurr mination and/or investigation	ed at the time, on, in my opinio	data and place, n, death occurs	and due to	the cause(a	and mann	er as state	ed. n cause(n) a	nd manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CENTRY HE	man	wal			NSE NUMBI		-			fonth, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM 27) (Type,	Print)	/	k	C	/		11/3/	2-1 - 10	
6	31. DATE FILED (Month, Del. Year) NOV 1 7 1001	32. REGISTRAR		15/1	RE- F	of _	>41	155	365	14	01. 2/80/	
	0 1331	Julia Da	4dson-Randalle									

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	4. SOCIAL SECURITY NUMBER 214-86-3518 98. FACILITY NAME (If not institution, given		6. AGE (In yrs. I	YRS.		AYS	IF UNDER 24	MIN.	12	OF BIRTH	5	Guy	HPLACE (State or Fo try)
OB	SUBURBAN HOS						R LOCATION HESD		ATH			.G.	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c. CITY	TOWN OR I								10d. INSIDE CITY
DIR	MD				kvil								10d. INSIDE CITY LIMITS?
MAL	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CI	ITIZEN OF	WHAT COUNTRY?
FUNERAL	12604 Veirs M:					_	0853	_				uyan	a
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 X		If ye	ea, spec	ENDENT OF cify Cuben,	Mexican	C ORIGIN Puerto F	? (Specify Ye lican, etc.)	a or No—	Spec	
9	15. DECEDENT'S E (Specify only highest gra	DUCATION and a complete of	16a, D	ECEDENT'S US	SUAL OCCU	JPATION	N		18b.	KIND OF BU	ISINESS/IN		yanese
PLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	Give kind of wor le. Do NOT use	retired.)	ng most	t of working			(-			
COMPL	17. FATHER'S NAME (First, Middle, Last)		THO	usewi	te.		18. MOTHE	R'S NAM	E (First, A	N/A Hiddle, Maiden	Surname)	,	
111	Unknown	115						Simp					
TO BI	19a. INFORMANT'S NAME (Type/Print)			9b. MAILING A									
	Michael Simps	son											20737
	1 XBurtal 2 Cremation 3 3 But 4 Donation 5 C Other (Specify)	emoval from Stelle	cemetery, cr	AND DATE OF rematory or othe	er place)				DATE			- City or To	
	21. SIGNATURE OF INVESTAL SERVICE	enter	Ter Cemetery Georgetown, Guya W.H. Bacon Funeral Home 3447 14th Street, N.W. Wash.D					.Guyan					
N	23. PART I. Enter the diseases, o abook, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one csu:	se on esch lin	14									Onset sno
TIFICATION	IMMEDIATE CAUSE (Finsi disesse or condition	a	so on each lin	EOUENCE OF):									Onset sno
ICAL CERTIFI	IMMEDIATE CAUSE (Finsi disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO ((OR AS A CONSE	EQUENCE OF):	Zhe	1	N	Swe			AUTOPSY RMED?		D. WERE AUTOPSY FI AMAILABLE PRIDR COMPLETION OF C DF DEATH?
MEDICAL CERTIFI	IMMEDIATE CAUSE (Finsi disesse or condition resulting in death) Sequentisily list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	e. List only one csu: a	(OR AS A CONSE	EQUENCE OF): EQUENCE OF): resulting in	She the under	rlying	N	en In P	art I.	24a. WAS AN PERFO!	AUTOPSY RMED?		Interval Bo Onset sno Nere Autopsy Fi AMALABLE PRIDR COMPLETION DF CO
MEDICAL CERTIFI	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	aDUE TO (bDUE TO (cDUE TO (d LOSPITAL: 1 Nepatient 2	(OR AS A CONSE	EQUENCE OF): EQUENCE OF): resulting in	the under	Triying	Course glv	en In P	art I.	24a. WAS AN PERFOI	AUTOPSY RMED?		Interval Bo Onset sno Nere Autopsy Fi AMALABLE PRIDR COMPLETION DF CO
: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisily list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the cause of the	a. DUE TO (b. DUE TO (c. DUE TO (d. DUE	(OR AS A CONSE	EQUENCE OF): EQUENCE OF): FOURINGE OF): TOURN TO THE COUNTY OF THE CO	THER: Nursing Triying Home C. INJUR WORI	CSUSE GIV	een In P	art I.	24a. WAS AN PERFOI	I AUTOPSY RMED?	246	Interval Be Onset sno	
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MUNICIPAL STEVEN

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTRA
	1. D	ECEDENT'S N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	O.			
1. DECEDENT'S NAME (First, Middle, Last) Epania D. McM	illion				2. DATE OF DEATH MONTH	ro 51	3. TIME OF DEATH 8:50 PM		
4. SOCIAL SECURITY NUMBER 135-28-8386	5. SEX 8. AGE (III		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	ATHPLACE (State or Foreign unity) LINTUN, N.C.		
98. FACILITY NAMÉ (If not institution, give s Wicomico Nu		9		R LOCATION OF DE Sbury	EATH	9c. COUNTY O	f death Omico		
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	1' CO MICO	10c. CITY,			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
10e. STREET AND NUMBER	son st			ZIP CODE	/	10g. CITIZEN OF WHAT COU			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN	2 NO	It yes, sp		NIC ORIGIN? (Specify Y n, Pusrto Ricsn, etc.)	es or No— 14. R	ACE — American Indian, lisek, White, etc.		
15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		18s. DECEDENT'S US (Give kind of wor life. Do NOT use	k done durina mo	ON st of working	18b, KIND OF B	USINESS/INDUSTR	Y		
17. FATHER'S NAME (First, Middle, Last)		LAH	or	18. MOTHER'S NA	ME (First, Middle, Maide	on Surname)			
John hC	Killion	10h MAII ING A	ODDESS /Street of	Fannis	Route Number, City or R	Killion			
139HY HARR 1	<u>is</u>	611)	DIVIS	in st	Salista	ry Md	2184		
1 Burisi 2 Cremetion 3 Rem	oval from Stata	PLACE OF DISPOSIT	RES C	Gonot Ely	5	ALISBUT			
21. SIGNATURE OF FUNERAL SERVICE LI	LALL		22. NAME AT	D ADDRESS OF FA	was from	Visbury	Met 21801		
23. PART I. Enter the dieeeses, or abock, or heart fellure. IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	Cerebree	al Hemorr	hage				Approximeta Interval Batwasi Onsat and Dast		
Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING History of High Blood Pressure DUE TO (OR AS A CONSEQUENCE OF): Old Cerebral Hemorrhage									
CAUSE (Disease or injury that initieted evente resulting in death) LAST	W	CONSEQUENCE OF):		ge					
PART II. Other algnificant condition	ne contributing to death be	ut not reculting in	the underlyin	g cause givan in	Part I. 24a. WAS / PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS A/AILABLE PRIDR TO		
Mental	Mental Inco	ompetence			1 YES	2 <u>w</u> NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (C)	neck only one)				
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)		OF 28c. IN.	TURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	Y INJURY OCCURE	D		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec				28f. LOCATION (Stree City or Town, Ste	et and Number or Re te)	ıral Route Number,		
Torroom orny	EICIAN: To the best of my knowler.						use(s) and manner as atated.		
29b. SIGNATURE AND TITES OF CERTIFIE	a su		y	29c, LICENSE NU Do202			NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	G. Arthes, N			Pines.	Md. 21811				
31. DATE FILED (Morith, Day, Year) NOV 1 8 1991	JEGISTBAR'S SIGN	ATUBE fandell			~4011				

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2 Accident

3 Suicide

4 Nomicide

BE COMPLETED BY

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5 Pending Investigation

6 Could not be determined

Hi	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	The last		02	107		FDEAT	-	2. DATE C	REG. NO.		YEAR	3. TIME OF DE	ATN
		John Vi	ncent	Meeha	n					ber 1		991	2:30	P. W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (II	n yrs. lest birthde		INDER 1 YEAR		24 HRS.	7. DATE O	TE OF BIRTH S. BI			IPLACE (State or	Foreign
	181-05-7840	1 ₹ M 2 ☐ F	▼M ² □F 76 YRS. Ju]							2, 19	15		sylvani	La
	9e. FACILITY NAME (If not institution, give	street and number)			9b.	CITY, TOWN	OR LOCATIO	ON OF D	EATH		9c. COU	NTY OF D	EATH	
	9937 Bishopville	Road	1 100		B:	ishop	ville				Word	este	r	
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c. (CITY, TO	WN OR LOC	ATION						10d. INSIDE CI	TY
	Maryland Word	ester		Bi	shor	ovill	е						LIMITS?	ON
	10e. STREET AND NUMBER				. BITO		101. ZIP CODE	E			10g. CIT	IZEN OF 1	WNAT COUNTRY	
	9937 Bishopville	Road					21813				US.	A		
BE COMPLETED BY FUNERAL	11. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	MARITAL STATUS 12. WAS DECEDENT EVER IN U.8. ARMED FORCES? 1 🚫 YESNO IF YES _GIVE WAR OR DATES					ECENDENT O	of HISPA n, Mexico Specia	NIC ORIGIN? en, Puerto Ri fy:	(Specify Yac icen, etc.)	or No—	14. RACI Blac Spec	E — American in k, White, atc.	dian,
	t5. DECEDENT'S EDU (Specify only highest grad	JCATION		16e. DECEDEN	T'S USU/	AL OCCUPA	TION		16b.	KIND OF BU	SINESS/INI	DUSTRY		
	Elementary/Secondery (0-12)	College (t-4 or 5	+)			red.)	most of working	ig						
	8			Carpen	ter			2007	_	nstru		n		
	John V. Meehan Sr. Regina Bru										Sumame)			
19a. INFORMANT'S NAME (Type/Print) Thomas J. Meehan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town 9937 Bishopville Road, Bishopvi										21813				
	20y: METNOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Ren 4 Donation 5 Other (Specify)	noval from State	_ 20b	PLACE AND D	ATE OF I	de"S	ales (Ceme	tery	Len	ni,	City or To	own, Stata	
	21. SIGNATURE OF FUNERAL SERVICE &	1	,			22. NAME AND ADDRESS OF FACILITY Hastings Funeral Home Selbyville, DE 19975						M		
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Liet only one ca	Hyp.		NS	enter tha r	noda of dy	ing, aud	ch aa cardi	iac Dr resp		reat,		Between and Death
	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b	OR AS A	CONSEQUENCE	E OF):							+		
	CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	d.	O (OR AS A	CONSEQUENCE	E OF):									
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant condition Fighty SEM		o death b	ut not resulti	ng in th	ne underly	Ing cause	given ir	Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION DF CA			OR TO	
									_				t YES 2	□ NO
											111			
	OF WAS CASE DESERVED TO MEDICAL													
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outn	etlent 3 🗆 DO		HER:	ome 5 R							

29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data end pieca, end due to the ceuse(a) and menner ee stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end pieca, end due to the ceuse(a) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the Ilma, date end place, end due to the ceuse(e) end menner ee stated.

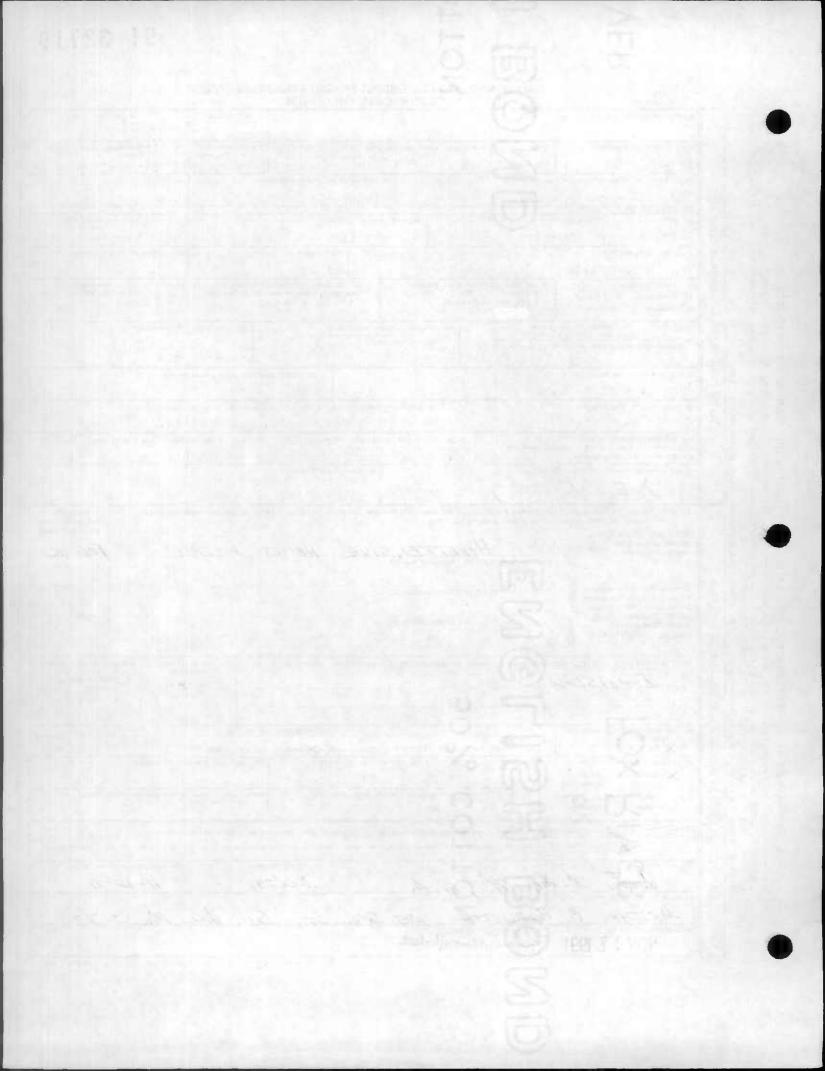
28e. PLACE OF INJURY — At home, ferm, elreet, fectory, office building, etc. (Specify)

29b. SIGNATURE, AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DOROTHY HOLD WETH LES 32 REGISTRAR'S SIGNATURE Julia Davidson-Randall 31. DATE FILED (Month, Day, Year)
NOV 1 8 1991

DHMH-16 Rev 1/89

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	nedistrian		CENTIF	ICALE OF	DEALH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH JOHN 0	NEIL				2. DATE OF DEATH MONTH NOVEMBER	NOS 199	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign			
	106-24-0957	1, M 2 F	62 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	ew York			
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY O				
NO HO	Doctors Community	y Hospital		Lanha	um		Prince	e George			
등	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY										
DIRECTOR		nce 6-eor	10c. CIT	Y, TOWN OR LOC	ATION	11-		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	164 0 EBF	943 1			1/3	1 YES 2 NO				
FUNERAL		Ldon	DRIVE		101. ZIP CODE 10g. CITIZEN OF WHAT COU						
큔	t1. MARITAL STATUS t Never Merried 2 Merried	12. WAS DECEDENT EV		13. WAS DE	CENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No- 14. R.	ACE — American Indian, lack, White, etc.			
B	3 Widowed 4 Divorced	Vietnam	OR DATES		S 2 NO Spec		Sį	white			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	180. DECEDENT'S	work done during a	TION post of working	16b. KIND OF BU	SINESS/INDUSTR	Y			
LE.	Elementary/Secondary (0-12)	College (t-4 or 5+)	life. Do NOT us	se retired.)							
MP	12		Self-emp	loyed E		tor Pest					
	17. FATHER'S NAME (First, Middle, Last) Joseph John O'Ne	1			te. MOTHER'S N	AME (First, Middle, Maiden	Surneme)				
BE	190. INFORMANT'S NAME (Type/Print)	511	20.000.00		Mar	1					
2	Lorraine M. O'Nei	1				Route Number, City or Tow					
	200. METHOD OF DISPOSITION					emple Hill:					
	20b. PLACE AND DATE Of DISPOSITION (X) XBurlet 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Date Carried Property Date D										
	21. BIONATURE OF FUNERAL SERVICE LI	CENSEE /	0			las Funera	I III III COI	i, belaware			
	· Leache	(Val	w	6160	ge P. Ka Oxon Hi	las Funera. 11 Rd. Oxor	l Home	Md. 20745			
	23. PART I. Enter the diseases, pr	complications that car	usad tha death. Do r	not anter tha m	ode of dying, su	ch aa cardlac or raspi	ratory arreat,	Approximate Interval Between			
	shock, or heart failura. Liat pnly ona cause Dn aach lina. IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) a. Wyo cardial In Farction oue to (DR AS A CONSEQUENCE DF):										
	Sequentially list appointing to ARTEROSE TELOTIC CANCLURASULAN DISEASE										
CERTIFICATION	Sodnautially list Childitibus,		AS A CONSEQUENCE OF		cleurasi	llar older	ase.	years			
CAT	if any, laading to immediata causa. Enter UNDERLYING		NO NO SONO LOCATION OF	,-							
Ë	CAUSE (Disease or Injury that initiated avants	DUE TO (OR	AS A CONSEQUENCE OF	F):							
EH	resulting in death) LAST	d									
N N	PART II. Other significant condition	es contributing to deal	th but not resulting	in the underlyi	na causa ahan li	Part I at una un					
EDICAL			July 100	ar the directly	ng causa givan n	Part i. 24e. WAS AN PERFDF		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
0						1 🗌 YE\$ 2	NO	OF DEATH?			
Σ.								1 TYES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (C	back only one!					
SIC	EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHER:		6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	IRY 28b. TIM	E DF 28c. th	JURY AT	28d. DESCRIBE HOW II	NJURY OCCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation	NI	A		YES 2 NO						
0	3 Suicide 8 Could not be	26e. PLACE OF INJ building, etc. (IURY — At home, Jerm, a	treet, fectory, offi	ce	281. LOCATION (Street & City or Town, State)	and Number or Rure	al Route Number,			
ETE	4 Homicide determined		,,,,,			City or lown, State)					
PL	290. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my k	nowledge, death occurre	d at the time, dat	e end plece, end du	e to the ceuse(s) end men	ner es atated,				
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of exemin	nation end/or investigation	n, in my opinion,	death occursd at the	lime, date end plece, en	d due lo the ceus	e(e) end menner ee steted.			
ш	296. SIGNATURE AND TITLE OF CERTIFIER	a pe	on H Mea	1100	29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Yeer)			
TO B	Chulanlevo	I had gy	a miner		1018	52	11-	-			
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)		Hyattsu	:11-11	122721			
	31. DATE FILED-(Month; Day, Year)	32. REGISTRAR'S S	MENATURE -	Juna	וני אנו	117011140	1111111	2001			
	MAY 12 199	1 Julia D	Javidson-Rand	ell_							



9- 9-28 1713 Prince Creeper Temple Hills 450 & Weesen Dane Mary and American Speed METABLISH FORT Cardenaster & France Maddelphin of Equipment Nortes 11-8-11 Past An Delian and was Chemicage At Hypertailly Red 2000

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	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be no
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death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH	AND	MENTA			321	21
	1. DECEDENT'S NAME (First, Middle, Last Marie Louise	,	CI	ERTIF	ICAI	E OF	DEA	IH	2. DATE	REG. NO	0.	gram	1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 420 22 5300	5. SEX	6. AGE (In 1917)	er birmowy) YRS.	# INDO	DAY'S	# UNDER	SENS.	7. DATE	730/	25	370.75	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give DOCTO'S COMMUNIC RESIDENCE OF DECEDENT		al		HE CITY, TOWN OR LOCATION OF DEATH LANKAM				EATH	/ /			Georges
DIRECTOR		nce George	es		y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS? KX YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 11927 Grason La	ne					10f. ZIP CODE 20715						States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced		T EVER IN U.S. AR YES 2 X	2 XNO If yea,		If yea, spe	DECENDENT OF HISPANIC (a, specify Cuban, Maxican, Press 2 No Specify:		n, Puerto	N? (Specify Yo Rican, atc.)	as or No	14. RACE Black Speci	- American Indian, k, White, atc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPA (Give kind of work done during tifle. Do NOT use retired.) ACCOUNTING Tech							n		Retai	.1 C1	othes	
8	17. FATHER'S NAME (First, Middle, Last) Herman Lawrence Lucas Minnie Dee Goins												
TO	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town. State, Zip Code) Sherrill Owens Lewis 11927 Grason Lane Bowie Maryland 20715 20a. METHOD OF DISPOSITION 1 Guriel 2 (Xcremation 3 Removal from State) 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES PART 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town. State) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemptory or other place) Metropolitan Crematory 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715												
ERTIFICATION	23. PART I. Enter the diseases, of shock, or heart failur. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	a. Same	t caused the desire on each line (OR AS A CONSECUTION AND A CONSEC	QUENCE OF	Ngl	tha mod	de of dyl	ing, auci	h as care	diac or reas	plratory a	irrest,	Approximata interval Batwaan Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN PERFOR 1 VES 2									RMED?	7 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHE	R:	ACE OF D						
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D	INJURY	26b. TIM		28c. INJU WOI 1 Y	JRY AT			CRIBE HOW	INJURY O	CCURED	
8	3 Suicida 6 Could not b 4 Homicide determined	building,	F INJURY — A1 horate. (Specify)						City)		loute Number,
TO BE COMPLET	4 Homicide detarmined building, atc. (specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner as attated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day of the cause) 29d. DATE SIGNED (Month, Day of the cause)												

12. RECUSTRARY SIGNATURE

Julia Davidson-Randalls

NOV 13 1991

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Ia	THE FUNERAL DIRECTOR: After this certificate has the filed within 72 hours after death with the State De	MPORTANT: If item 28 is marked or item 2

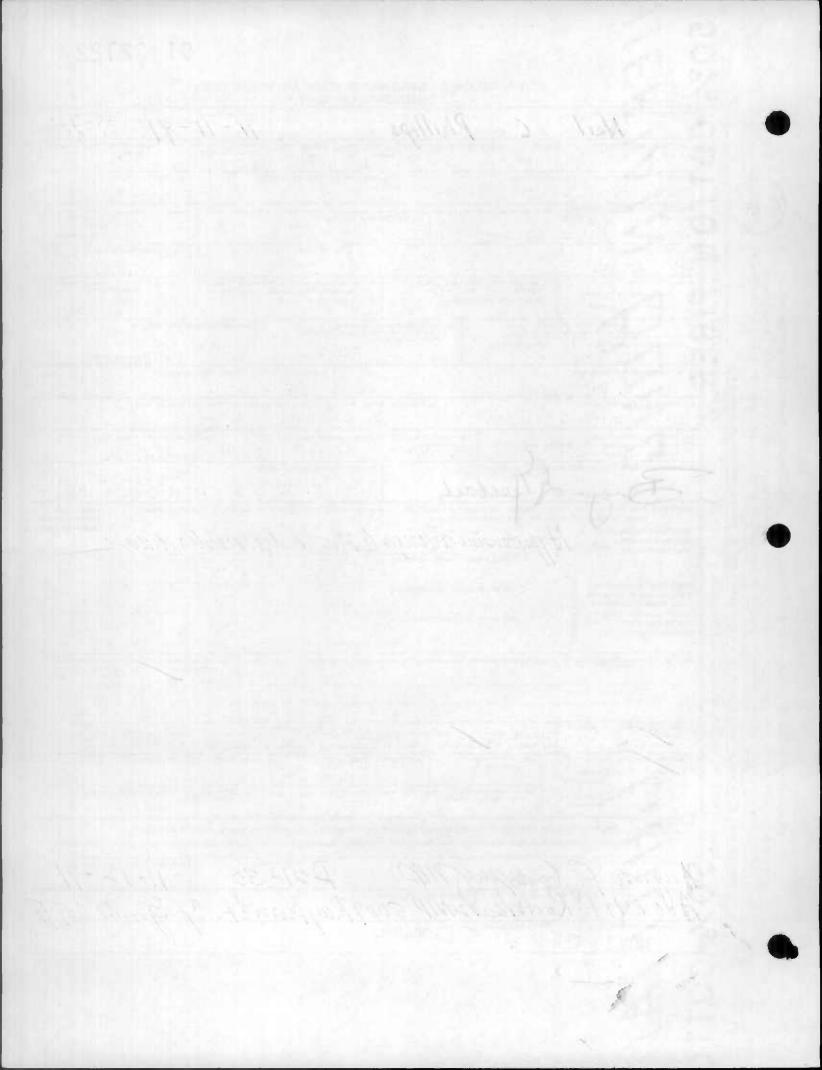
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Last) SOCIAL SECURITY NUMBER	1 1						
	C - f	hillips			2. DATE OF DE	11 AY - 91	year 5.04P
	5. SEX 6. AGE			UNOER 24 HRS.	7. DATE OF BIRT		6. BIRTHPLACE (State or Foreign Country)
577-58-7214	1 X M 2 - F	85 YRS.	ONTHS DATS HO	DURS MIN.	June 24		Indina
. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OR L	OCATION OF D			TY OF DEATH
alcom Grow AAFB	Medical Cent	er	Camp Spri	ings		Prin	ce ?eorges
e. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION				10d, INSIDE CITY
aryland Princ	ce Georges	Suit	land				LIMITS? 1 YES 2 XNO
o. STREET AND NUMBER			10f. ZIF	P CODE		10g. CITIZ	EN OF WHAT COUNTRY?
512 Fort Dr.				20746	,		U.S.A.
MARITAL STATUS	12. WAS DECEDENT EVER I			DENT OF HISPA	NIC ORIGIN? (Spec		14. RACE - American Indian,
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 TYES			NO Specif	in, Puerto Ricen, a ly:	lc.)	Specify: White
15. DECEDENT'S ED (Specify only highest grad		18e. DECEDENT'S US	SUAL OCCUPATION rk done during most of	f working	16b. KIND (OF BUSINESS/INDU	JSTRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use i	retired.)	· · · · · · · · · · · · · · · · · · ·			
12		machini				val Gun	Factory
FATHER'S NAME (First, Middle, Last)			18	. MOTHER'S NA	AME (First, Middle, I	faiden Sumame)	
Alpha W. Philli	ips				e Payne		
. INFORMANT'S NAME (Type/Print)			DDRESS (Street and I				Code)
Dorothy Phillips			ort Dr. S		d, MD.	20746	
a. METHOD OF DISPOSITION Burial 2 Cremation 3 Res	movel from State	b. PLACE OF DISPOSIT other place)				oc. LOCATION — C	
☐ Donation 5 ☐ Other (Specify)	F	t. Lincol				Brentwoo	d. MD.
SIGNATURE OF FUNERAL SERVICE I	JOENSEE		22. NAME AND A	ADDRESS OF FA	ACILITY	4308	Suitland Rd.
A Day	A Botha	1	Robert	E. Wil	helm.Ind	C. Suit1	and, MD.20746
MMEDIATE CAUSE (Final lacease or condition esuiting in death)	Types tensure BUE TO (OR AS	A CONSEQUENCE OF):	clintu	Vara	rorma	der de	Interval Batwe Onset and Dat
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	bDUE TO (OR AS /			Vara	lorma.	ylir di	Onset and Da
sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events securiting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):				der de	Onset and Da
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dequantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury that initiated events sesuiting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	the underlying co	auaa given in	Part I, 1	RS AN AUTOPSY ERFORMEDT	Onset and Dai
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events seuting in death) LAST ART II. Other algnificant conditions. WAS CASE BEFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underlying co		Part I, 1	RS AN AUTOPSY ERFORMEDT	Onset and Da. All WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events seuting in death) LAST ART II. Other algnificant conditions. S. WAS CASE BEFERRED TO MEDICAL EXAMINER? 1 FYES 2 NO	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underlying of 26. PLACI OTHER:	auaa given in E OF DEATH (C. 5 Reeldence	Part I. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	AS AN ALTIDPSY EST ORBED? YES 2 TNO	Onset and Date of the Completion of Caust OF Death?
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events sesuiting in death) LAST ART II. Other algnificant conditions, was case sereneous to medical examiner? 1 Yes 2 NO MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A d Dona contributing to death be HOSPITAL: 1 Inpatient 2 B-EN/Out 28e. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. PLACI OTHER: Nursing Home to Nursing WORK?	auaa given in E OF DEATH (C) G Peeldence Y AT	Part I. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	AS AN AUTOPSY ESPONSED? YES 2 NO	Onset and Da. Alb. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
was case perened to Medical examiner? Pres 2 NO	DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in petient 3 DOA 29b. TIME INJUI Y — At home, farm, str	26. PLACI OTHER: Nursing Home to WORK? M 1 YES	auaa given in E OF DEATH (C	Part I. 1 1 1 1 1 1 1 1 1 1	PS AN ALTIDPSY ESPONAGED YES 2 NO NO HOW INJURY OCC Street and Number	Onset and Da

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	24 riours after death, Page 6 may be retained by the hospital or attending physician	y filled in by the funeral director, page 5 should be detached for use as the burlal-tra- tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transi be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burlal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

A DECEDENT NAME (First Model, Lan) A Pouliot 4. SOCIAL SECURITY NUMBER 0.31 20 2432 5. SEX 0. AGE (in yrx. last brinding) 12. WAS DECEDENT 12. AGE (in yrx. last brinding) 12. WAS DECEDENT 13. AGE (in yrx. last brinding) 14. SOCIAL SECURITY NUMBER 0. SEX 0. AGE (in yrx. last brinding) 15. WAS DECEDENT 15. WAS DECEDENT 16. COUNTY 17. ANATHAL STATUS 18. COUNTY 18. ANAMER 17. ANAMER (in a minimon, give stress and number) 18. WAS DECEDENT 19. COUNTY 19.	etts etts cs
4. SOCIAL SECURITY NUMBER 031 20 2432 96. FACILITY NAME (if to it its infinite), by start of its infinite in the infinite infinite in the infinite infinit	etts es cary 2 No RY7 S n Indian, hite ment
93. 1 20 2432 96. FACILITY NAME (# rot institution, the street and number) 12402 Kinship Turn 106. CITY, TOWN OR LOCATION OF DEATH 107. STREET AND NUMBER 108. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 100. STREET AND NUMBER 109. CITYEN OF WHAT COUNTRY 110. MARTIAL STATUS 110. MARTIAL	etts es cary 2 No RY7 S n Indian, hite ment
12402 Kinship Turn Bowie Prince George 106. CIVITY 107. CIVITY 106. CIVITY	inia
Maryland Prince Georges Maryland Prince Georges Bowie	inia
106. STREET AND NUMBER 12402 Kinship Turn 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY	s s n Indian, hite ment
11. MARITAL STATUS 1 Naver Married 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes, specify Cuban, Mexican, Pusario Ricen, stc.) 14. RACE — American if yes, specify Cuban, Mexican, Pusario Ricen, stc.) 15. DECEDENT'S EDUCATION (Specify only highest grade compilated) 16. DECEDENT'S EDUCATION (Specify only highest grade compilated) 16. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use related) 16. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Mexican Sumame) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Mexican Sumame) 18. MOTHER'S N	n Indian, hite ment
College (1-4 or 5+) College (1-4 or 5+) Logistics Officer United States Government	inia
Logistics Officer United States Government	inia
Elzear Pouliot 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12402 Kinship Turn Rowie Maryland 20715 20a. METHOD OF DISPOSITION 1	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jannette Pouliot 12402 Kinship Turn Bowie Maryland 20715 20a. METHOD OF DISPOSITION 1 Burlai 2 K Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES POLS 22. NAME AND ADDRESS of FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20 23. PART I. Enter the diseases, Dr complications that cause the death. DD not enter the mode of dying, such as cardiac Dr respiratory arrest, interval ones of the consequence o	
20a. METHOD OF DISPOSITION 1 Gurial 2 K Cremation 3 Ramoval from State 4 Donetion S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20 23. PART I. Enter the diseases, Dr complications that caused the death. DD not enter the mode of dying, such as cardiac Dr respiratory arrest, interval diseases Dr condition resulting in death) 20b. PLACE AND DATE OF DISPOSITION (Name of camelon) and camelon of the place) Alexandria Virging P.A. 16000 Annapolis Rd. Bowie Maryland 20 Appropriately arrest, interval diseases Dr condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):	
1 Burlal 2 Cremation 3 Ramoval from State Of cemetary, crematory or other place) Alexandria Virginary Virginary Alexandria Virginary Alexandria Virginary Alexandria Virginary Virginary Alexandria Virginary Alexandria Virginary Virginary Virginary Alexandria Virginary Virginary Virginary Alexandria Virginary Virgi	
Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20 23. PART I. Enter the diseases, pr complications that caused the death. DD not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):	20715
23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. hugo Landla I in favcto's in the cause of the	20715
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	
d.	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Lity Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 YES 24 NAS AN AUTOPSY PERFORMED? 1 YES 24 NO OF DEATH? 1 YES 2	PRIOR TO IN DF CAUSE
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
EXAMINER? 1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, 'par) 28b. TIME OF 18c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY	
2 Accident Investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office 26th LoCation (Street and Number or Rural Route Number, City or Town, State)	ç
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.	or ae statec
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Y	, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) Pari ADEVOCE MA By VOB QUELLY BUNG Rd Hy Cathaille MD 20 31. DATE FILED (MOTHIN, Day, Vob) 32. REGISTRAR'S SURNATURE ALON 1 3 1991 32. REGISTRAR'S SURNATURE ALON 1 3 1991	175

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	, Middle, Last)		- 1211				2 DATE	OF DEATN			3. TIME OF DEAT	
ARTHUR		В.		P	RICE	Jr.	MON		3 9	YEAR	5:34	P
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN	8	. BIRTN	PLACE (State or For	
212-10-567.	1	1 M 2 🗆 F	79	YAS.	NONTHS DAYS	HOURS MIN.	1 12	th, Day, Year)		Country	ryland	
De. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CITY, TOWN	OR LOCATION OF			9c. COUNT		-2	
MIEMSS					BALTI	MORE C	ITY					
RESIDENCE OF DEC	10b. COUNT	ν		T 400 OUTV	770101 00 1001							
Maryland	105. 000111	Carroll		10c. C117,	TOWN OR LOCA	npstead					10d. INSIDE CITY	
De. STREET AND NUMBER						-					1 YES 2 🗌	40
4230 Cryst	al Cou	ırt			10	. ZIP CODE	21074		10g. CITIZE		NAT COUNTRY?	
1. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ABMED	13. WAS DEC	CENDENT OF HISP	ANIC ORIGI	N? (Specify Yee	or No.— 1/	RACE	- American India	-
Never Merried 2 ₩		FORCES? 1	YES 2	NO	If yes, sp	ecify Cuban, Mexic	cen, Puerto	Rican, atc.)		Black	White, etc.	
		ICATION .				/1					White	
(Specify only	EDENT'S EDU y highest grade	completed)		DECEDENT'S US (Give kind of wo. life. Do NOT use	SUAL OCCUPATION done during me	ON ost of working	160	. KIND OF BUS		STRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		ner			Gwynn		Dowl	ls.	
. FATHER'S NAME (First, M	iddle, Last)	4				18. MOTNER'S N	AME (First		ment.	rdf	K	
Arthur Bac	er Pri	ce, Sr.						Cockril				
a. INFORMANT'S NAME (7	iype/Print)			19b. MAILING A	DDRESS (Street a	and Number or Rura				nde)		_
Martha E.	Wertz			4292	Huntsma	n Trail	, Han	pstead	, Md.	21	074	
De. METNOD OF DISPOSITI		nough from State			DISPOSITION (Na	ame of	DAT	E 20c. LOC	CATION — Cit	y or Tox	wn, State	
□ Donation 5 □ Other	(Specify)		- Car	roll C	rematic	on Servi	ces	Ha	mpste	ad,	Md.	
1. SIGNATURE OF SUNERAL	L SERVICE LI	CENSEE C	1 .		22. NAME A	ND ADDRESS OF F	ACILITY	Eline	Funer	al I	Home	
> stu	M	W.Cl	lne		934	S. Main	Stre				Md. 210	74
3 PART I Enter the di												
shock or be	seases, Dr	complications tha	t caused the	death. Do no	t enter the mo	de of dying, au	ch aa car	diac or respir	atory arrea	ıt,	Approxima	e
arrock, or me	east lanure.	Liat only Dne cat	ise on each ill	ne.							intervel Be	weer
MMEDIATE CAUSE (Fin	east lanure.	Liat only Dne cat	ise on each ill	ne.								weer
MMEDIATE CAUSE (Fin	east lanure.	. Ather	ise on each ill	nonc		de of dying, au					intervel Be	weer
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MMEDIATE CAUSE (Fin lacease or condition equiting in death) requentially list condition, leading to immediate. Enter UNDERLY! AUSE (Disease or Injuriet initiated events equiting in death) LAS	Dne, diate NG ry	B. DUE TO LE CONTRIBUTING TO LE CONT	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient	EOUENCE OF): EOUENCE OF): FOUENCE OF): Tresulting in	the underlying 26. PL THER: NOTHER: 26. IN THER: THE	Cause given in	Part I.	24e. WAS AN A PERFORM 1 YES 2 TISI	MUTOPSY MED?	246.	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA	DINGS DUSE
MMEDIATE CAUSE (Fin Isease Dr condition eaulting in death) dequentially list condition and its condition eaulting in death) dequentially list condition in the course of	Dne, diate NG ry	DUE TO A CONTRIBUTING	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient	EOUENCE OF): EOUENCE OF): EOUENCE OF):	26. PL THER: Nursing Nom OF 28c. INI. WO	g cause given in	Part I.	24e. WAS AN A PERFORI 1 YES 2 T (Specify) SCRIBE NOW IN	UTOPSY MED?	24b.	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA	DINGS DUSE
MMEDIATE CAUSE (Fin Ilsease Dr condition eaulting in death) Gequentially list condition eaulting in death) Gequentially list condition in the course of th	Dne, diate NG ny T T CL/3 L	B. DUE TO b. DUE TO c. DUE TO d. A CONTRIBUTING TO DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS DER/Oulpstient INJURY (OR AS A CONS (OR AS A CONS	EQUENCE OF): EQUENCE OF): FOURIED IN THE COMMENT OF THE COMMENT	26. PL THER: Nursing Nom OF 28c. INI. WO	G cauae given in ACE OF DEATN (C 5 Residence TRK? (ES 2 S MD	Part I.	24e. WAS AN A PERFORI 1 YES 2 T (Specify) SCRIBE NOW IN	UURY OCCURS table	24b.	WERE AUTOPSY FIN AVAIL ABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No	DINGS DUSE

296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER O.C.M.E.

29d. DATE SIGNED (Month, Oay, Year)

11/19/91

WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

YOUNG D 31. DATE FILED (Month, Osy, Yeer) D. ilopou

PENN STREET ST., BALTIMORE MARYLAND 21201 111

32. REGISTRAR'S SIGNATURE lia Tavidson-Randelle

DNMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	in 24 Hours after death. Page 6 may be retained by the hospital or attending physician by filed in the the tringest dispense and 6 should be described to	ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the bospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in his the funeral discovery once. Expected to a described to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	- REGISTRAR		CI	ERTIF	ICATE OF	DEAT	H.		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle	e, Last)			TOTTLE OF	DEAI	-	2. DATE OF				3. TIME OF DEATH	_
	LAURA MAE	PEREGOY						MONTH 11	18		YEAR	03 20 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HDS	7. DATE OF				PLACE (State or Foreign	, M
	220 05 394	47 1 M 2 🕽 F	90	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, De	ly, Year)		Country	1)	п
	9a. FACILITY NAME (If not institution		90		ab OITY TOWN			10 10	5 01			YLAND	
œ			T OFFICE		9b. CITY, TOWN		ON OF DE	ATH		9c. COUNT			
5	GREATER BALT	NT MEDICA	L CENTER		TO	WSON				BALT	OMIT	RE	
DIRECTOR		COUNTY		10c. CI	TY, TOWN OR LOCA	TION						10d. INSIDE CITY	_
E	MD BA	ALTIMORE			PPERCO							LIMITS?	
	10e. STREET AND NUMBER											1 YES 2 NO	
RA	17007 GORSUCE	MILL RD				r. ZIP CODE			= 1	10g. CITIZI		HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS					21155					US	SA	
	1 Never Married 2 Marrie		YES 2 Y	MED IO	13. WAS DEC	CENDENT OF pecify Cuben	F HISPAN , Mexicar	IC ORIGIN? (S	pecify Yas	or No- 1	4. RACE Bleck.	- American Indian, White, etc.	
BY	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 NO	Specify		,,		Specify	V.	
ED	15. DECEDENT	'S EDUCATION	140.05	0505171								White	
ETE	(Specify only highe	st grade completed)	(Gi	ive kind of	Work done during me se retired.)	ON ost of working	7	16b. KIN	O OF BUS	INESS/INDU	STRY		
2	7th grade	College (1-4 or 5 -	,			-							
COMPL	17. FATHER'S NAME (First, Middle, L			sell	-employe	_				usekee	eper		
	D. Howard Zen	,						WE (First, Middl					
BE								orence					
0	Rachel L. Lei		198	MAILING	ADDRESS (Street	and Number o	or Aural A	loute Number, C	City or Town	, State, Zip C	code)		
		prer		142	N. Gorsu	ch Ro	ad,	Westm	inste	er, M	ā. 2	1157	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3	Removal from State	20b. PLACE A	NDDATE	OF DISPOSITION (N	ame of		DATE	20c. LOC	CATION — CI	ty or Tow	vn, State	
	4 Donetlon 5 Other (Special	y)	Mt.	Carme	el Cemet	ery	11	L+21	Par	kton.	. Ma	ryland	
	21. SIGNATURE OF FUNERAL SER	/ICE LICENSEE	1		22. NAME A	ND ADDRES	S OF FAC	HLITY					_
	P. Lam	Phill	- 18		024	0 1/				Funer			
		1 page	FALL		934	S. Ma	in S	treet	, Han	npstea	ad,	Md. 21074	c
	23. PART I. Enter the disease ahock, or heart for	allure. List only one cau	se on each line.	ath. Do i	not enter the mo	de of dyln	ig, such	aa cardiac	or respir	atory arrea	nt,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final											Onset and De	
	disease or condition reaulting in death)	SUDDEN	V CARDIA	C DE	ATH							11118913	20
	a. SUDDEN CARDIAC DEATH OUE TO (OR AS A CONSEQUENCE OF):								T. Cold				
Z	Sequentially list conditions. CONGESTIVE HEART FAILURE DUE TO CAD								14 cm	1			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								1	-			
2	CAUSE (Disease or Injury	a AORTIC	STENOS	IS								. ,	
E 1	that initiated events		OR AS A CONSEC									(1	
H	resulting in death) LAST	d. CHRON	C ATRIA	L FI	BRILLATI	ON						61	
13	PART II. Other algolficant cor	ditions contributing to	death but not a	no stella a	to the control to								
DICAL		to the total total to	death but not re	suiting	in the underlyin	g cause gl	ven in F	Part I. 24a	PERFORE	WTOPSY MED?		WERE AUTOPSY FINDIN AWAILABLE PRIOR TO	GS
								1	YES 2	NO		COMPLETION OF CAUSI OF DEATH?	E
Σ												1 TES 2 NO	
ž													
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDI EXAMINER?					ACE OF DE	ATH (Chec	ck only one)					
ls/	1 TYES TO NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hom	e 5 🗆 Resi	Idence 8	Other (Spe	ecify)				
F.	27. MANNER OF DEATH	18a. DATE OF (Month, Da	INJURY	28b. TIM	E OF 28c. INJ	URY AT		28d. DESCRIE		JURY OCCUI	RED		
BY	Natural 5 Pendin		y, roury	ING	4.4	RK?	NO						
	3 Suicide 8 Could	28a. PLACE OF	INJURY — At hor	ne, farm, i	street, fectory, office			281. LOCATION	N (Street an	id Number or	Rural Bo	ute Number	
	4 Homicide determi		etc. (Specify)					City or Tov	vri, State)				
COMPLETED	29a. CERTIFIER 1 X CERTIFYING	DUVELCIAN, To the best of											
₩ P	(Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of	my knowledga, dea	th occurr	ed at the time, date	end place, e	end due t	o the cause(e)	and menn	er so stated.			
8		AMINER: On the basis of ax	amination and/of ir	rvestigatio	n, in my opinion, d	eath occured	d at the ti	ime, data and	placa, and	dua to the d	cause(e)	and manner as ateted.	
BE	296. SIGNATURE AND TITLE OF CE	RTIFIER	11/1			29c LICEN	SE NUME	BER		29d. DATE S	IGNED (Month, Day, Year)	
o L	V/an	1/1/1	un	1	-	11.	120	57)		D 1	11/	10/91	
-	30. NAME AND ADDRESS OF PURE	WIND COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)	7		1 -			1	0/1/	
	12any	Wedless	amn	.61	O Keu	21/60	M	1 10	1800	12/2	04		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S SIGNATURE	1		100		100					_
	LO. U C AUN	1.0. K.	Jan Bands	00									
	NOV 2 0 91	- guilla Mary	A Manay	All Can									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending print	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns.		
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HOS	FUN	WILL	TAN
물	置	De filed writhin 72 hours after death with the State Dept. of Health and Mefittal Hyglene prior to bundly, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTR	A
1. DECEDENT'S	N
Bett	3
4. SOCIAL SEC	UF
218125	1
9a. FACILITY N	AA
Sacred	
RESIDENCE	
10a. STATE	
MD	
	-

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	EN
	CI	ERTIFICATE	O	F DEAT	TH		REG	NO

-	HEGISTHAR		CEF	RIFICAT	E OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Las						2. DATE OF DEA		3.	TIME OF DEATH
	Betty Lee Rob	inette					MDNTH 11	13	1991	9:23 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi	rthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	6. BIRTHPL	ACE (State or Foreign
	218125325	1 M 2 X F	69	YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, You 12-09-2		Country)	
	9a. FACILITY NAME (If not institution, give	street end number)		9b, CI1	TY. TOWN	OR LOCATION OF DE			UNTY OF DEAT	D
R							AIII	90.00		
DIRECTOR	Sacred Heart Hos	spital		Cu	mber	land, MD			Allega	ny
3E	10a. STATE 10b. COUN			Oc. CITY, TOWN					10	d. INSIDE CITY
<u>=</u>	MD A	Allegany	3	300 K N	latio	nal Hghw	, LaVale	, MD	VA.	LIMITS?
7	10a. STREET AND NUMBER				10	, ZIP CODE		10a C	TIZEN OF WHA	
ER/						21502				II COUNTRY?
FUNERAL	300K National	Highway	T EVER IN U.S. ARME	0 40	W# C 050	ENDENT OF HISPAN			JSA	
	1 Never Married 2 Married	FORCES? 1	YES 2 XNO	13	Il yes, sp	ecify Cuban, Mexica	n, Puerto Rican, et	c.)	14. RACE — Black, V	American Indian, hite, etc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE W	IAH OH OATES		1 YES	2 NO Specify			Specify:	2.4.4
0	15. DECEDENT'S ED		16e. DECEL	DENT'S USUAL	OCCUPATION	ON .	16h KIND C	F BUSINESS/II		ite
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give I	kind of work done NOT use retired.	during mo	st of working	TOD. KIND C	r BOSINESS/II	40051H1	
P	Charlest (all y oscionally (0-12)	College (1-4 or 5		usewif				1,		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 110	usewili	2	40 14000 10000		vn home		
						18. MOTHER'S NAI				
BE	Androw F. To	ear, Sr.		SOURCE STATE		Mari	e Earso	m		
2	Too. IN ORMAN S NAME (Typer-tite)		196. M	IAILING ADDRES	SS (Street a	nd Number or Rural F	loute Number, City	or Town, Stete, 2	(ip Code)	
	Mr. Kenneth M.	Pobinett	7			Highway	LaVale	, MD 2	1502	
	20e. METHOD OF DISPOSITION 1 Secretarial 2 Cremation 3 Re	moval from State	20b. PLACE AND cometery, cremate			me of	DATE 20	c. LOCATION -	- City or Town,	State
	4 Donation 5 Other (Specify)			+ Memo	rial	Park	11-18	Cumbe	erland,	MD
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	11	22		D ADDRESS OF FAC				
	Var 7x	Janes	1113			pelli Fu				
	23. PART I. Enter the diseases, or	complications that	Caused the death	Do not ente	Cimi	erland,	MD 2150	2		1
	ahock, or heart fallure	. List only one cau	se on each lina.	. Do not ente	i the mo	oe or dyring, aucr	aa cardiac or	reapiratory a	rrest,	Approximate Interval Batween
	iMMEDIATE CAUSE (Final disease or condition	51 KO	Tra - 11.	French	ical	1)0000	. t.			Onaet and Death
	resulting in desth)	a. 1/20	110 100	ect mo	CFIL	(200	when			
		DO COL	TPO - WI	NCE OF):	bri	Die Ton	Lachen			
S	Sequantieily list conditions,				100	Jew - (>0	HAMICSIN	4		
Ē	if any, lasding to immediata cause. Entar UNDERLYING	OUE TO	(OR AS A CONSEDUE	NCE OF):	-					
2	CAUSE (Disease or Injury	C								
Ë	that initiated evants resulting in death) LAST	00 300	(DR AS A CONSEQUE	NCE OF):						
CERTIFICATION		d								
. 1	PART I Other aignificant condition	ons contributing to	death but not resu	ilting in the u	nderlylne	Causa given in i	Part I 24a W	AS AN AUTOPS	/ 045 94	RE AUTOPSY FINDINGS
EDICAL	ADVANCED	5 Em	The second secon			, cours ground in	PE	RFDRMED?	AM	ALABLE PRIOR TO
	CARINIC K		Charles Annual Control				_ 1 TY	ES 2 NO	OF	MPLETION OF CAUSE DEATH?
	CALMINE	espirati	y Tay	ure	-			, .	1 [YES 2 NO
Ž										
	25. WAS CASE REFERRED TO MEDICAL		_	07115		ACE OF DEATH (Che	ck only one)			
ਹੈ	EXAMINER?	HOSPITAL		OTHE		r - marutana	B Other (Specify)		
YSICI		HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 Nu	anni Lioni	3 - Heeldenca	Dittiel (Specify			
PHYSICI/	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	t Inpatient 2	INJURY 21	b. TIME OF	26c, INJ	JRY AT	26d. DESCRIBE H		CCURED	
3Y PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	t Inpatient 2 26a. DATE OF (Month, Date)	INJURY 21		26c, INJ	JRY AT			CCURED	
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Invastigation	26s. DATE OF (Month, Da	INJURY 28 sy. Yeer) FINJURY — At home.	Bb. TIME OF INJURY M	26c, INJ WO 1 🔲 Y	JRY AT RK? ES 2 ND	26d. DESCRIBE H	Treet and Number		Number,
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26s. DATE OF (Month, Da	INJURY 28 ay, Yeer)	Bb. TIME OF INJURY M	26c, INJ WO 1 🔲 Y	JRY AT RK? ES 2 ND	26d. DESCRIBE H	Treet and Number		Number,
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF (Month, Date of building,	iNJURY 28 by, Yeer) 28 FINJURY — At home, atc. (Specify)	Bb. TIME OF INJURY M	26c, INJ WO 1 1 1	JRY AT RK? 'ES 2 ND	26d. DESCRIBE H 261. LOCATION (S City or Town,	OW INJURY Of iteet and Number State)	er or Rural Route	Number,
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28a. PLACE OF Building,	INJURY ay, Yeer) F INJURY — At home, atc. (Specify) my knowledge, death	Bb. TIME OF INJURY M Iarm, street, fac	26c, INJ WO 1 1	URY AT RK7 ES 2 ND	261. LOCATION (S City or Town,	Treet and Number State)	er or Rural Route	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	28a. PLACE OF (Month, Do building, SICIAN: To the best of size.)	INJURY ay, Yeer) F INJURY — At home, atc. (Specify) my knowledge, death	Bb. TIME OF INJURY M Iarm, street, fac	26c, INJ WO 1 1	URY AT RK7 ES 2 ND	261. LOCATION (S City or Town,	Treet and Number State)	er or Rural Route	
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28a. PLACE OF (Month, Do building, SICIAN: To the best of size.)	INJURY ay, Yeer) F INJURY — At home, atc. (Specify) my knowledge, death	So. TIME OF INJURY M farm, street, fac occurred at the stigstion, in my	26c, INJ WO 1 1 1	URY AT RK7 ES 2 ND	26d. DESCRIBE H 261. LOCATION (S City or Town,	ireet and Number State) d manner as store, and due to	er or Rural Route	d menner aa ststed.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	26e. DATE OF (Month, Do 28e. PLACE Of building, SICIAN: To the best of siER: On the bests of sx	INJURY ay, Yeer) FINJURY — At home, atc. (Specify) my knowledge, death aminstion and/or investigations.	Sb. TIME OF INJURY M Iarm, street, factorized at the attigation, in my	26c, INJ WO 1 1 1	JRY AT RK? ES 2 ND end place, end due to sthe occured at the to	26d. DESCRIBE H 261. LOCATION (S City or Town,	ireet and Number State) d manner as store, and due to	er or Rural Route ated. tha ceuse(a) an	d menner aa ststed.
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	26e. DATE OF (Month, Do 28e. PLACE Of building, SICIAN: To the best of siER: On the bests of sx	INJURY ay, Yeer) FINJURY — At home, atc. (Specify) my knowledge, death aminstion and/or investigations.	Sb. TIME OF INJURY M farm, street, factorized at the stigation, in my	26c, INJ WO 1 1 1 ctory, office	JRY AT RK? ES 2 ND end place, end due testh occured at the testh occurred at the testh occurre	26d. DESCRIBE H 261. LOCATION (S City or Town,	ireet and Number State) d manner as store, and due to	er or Rural Route ated. tha ceuse(a) an	d menner aa ststed.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN 30. NAME AND ADDRESS OF PERSON W	28e. PLACE OF (Month, De 28e. PLACE Of building, SICIAN: To the best of IER: On the best of ER: On the best	INJURY ay, Yeer) FINJURY — At home, atc. (Specify) my knowledge, death aminstion and/or investigations.	Sb. TIME OF INJURY M farm, street, factorized at the stigation, in my	26c, INJ WO 1 1 1	JRY AT RK? ES 2 ND end place, end due testh occured at the testh occurred at the testh occurre	26d. DESCRIBE H 261. LOCATION (S City or Town,	ireet and Number State) d manner as store, and due to	er or Rural Route ated. tha ceuse(a) an	d menner aa ststed.
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leath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examin
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Dept	23
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1. DECEDENT'S NAME (First, Middle, Last) . ,	7	CATE OF		2. DATE OF	REG. NO.		12	TIME OF DEAT	TH.
John Joseph Rei	nhardt, Sr.	Hara S			MONTH	DAY	YE	EAR	8114	A. M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				CE (State or Fo	reian
216-44-9734	1 2 M 2 D F	82 YRS.	HONTHS DAYS	HOURS MIN.	(Month, E	6-09		country)	rock, A	rkar
9a. FACII ITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			e. COUNTY			
Holy Cross Hosp	ital	rist Class	Silve	r Spring		0 /	mont	Janey		
10a. STATE 10b. COUN		toc. CiTY.	TOWN OR LOCAL	TION						
Maryland Prin	ce George's		attsvi						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER				I. ZIP CODE	10g. CITIZEN OF					NO
3915 Oliver Stre	et			20782	log. Officer of					
11. MARITAL STATUS	12. WAS DECEDENT EVER	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, so			NIC ORIGIN? (Specify Yea or		RACE -	American India	in,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		2 MINO If yes, specify Cuben, Mexic			en, etc.)		Bleck, Whita, etc.		
15. OECEDENT'S ED	HOLION								White	
(Specify only highest grad	le completed)	(Give kind of wo	rk done durina ma	ON ist of working	16b. Ki	ND OF BUSIN	ESS/INDUST	TRY		
Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Bookbir			Ena		C D.			
17. FATHER'S NAME (First, Middle, Last)		DOOKDII	idel	to MOTUEDIC NA		raving		rinti	ing	
Henry C. Reinhar	dt			Barbar		^{dle, Meiden Sui} Unavai				
BE. INFORMANT'S NAME //jpe/Print)		19b. MAILING A	DDRESS (Street =	nd Number or Rural						
Cathy Schell				et, Rocl				208	153	
SON. METHOD OF DISPOSITION	0 2	Ob. PEACE AND DATE OF	DISPOSITION (No	me of		20c. LOCAT			-	_
Donation 5 Other (Cocce)	moval from State	erhetery dematory or other Lincoln	Cemete	rv 1	1				ryland	1
TI. SIGNATURE OF THE BALL WITHCE L	ICENTE /		22. NAME AN	D ADDRESS OF FA	CILITY					
1/ h./		/	Franci	e Cacah	a Cam	- 17	T	T	TO A	
- UNE		10		s Gasch						
23. PART I. Enter the diseases or	complications that save	da	4739 E	Baltimore	e Ave.	. Hvat	tsvil	lle.	MD 207	
anyon, or made rande	complications that caus List only one cause on	ed the death. Do no aach line.	4739 E	Baltimore	e Ave.	. Hvat	tsvil	lle.		ite
IMMEDIATE GAUSE (Final disease or condition	complications that caus. List only one cause on	ed the death. Do no aach line.	4739 E	Baltimore da of dylng, suc	h as cardiac	, Hyat	tsvil	lle,	MD 207	te tween
IMMEDIATE CAUSE (Final disease or condition	complications that cause on List only one cause on a.	ed the death, bo no aach line.	4739 E	Baltimore da of dylng, suc	h as cardiac	, Hyat	tsvil	lle,	MD 207 Approxima	te tween
23. PART I. Enjer the disesses, or shock, or heart failure IMMEDIATE (AUSE (Final disease or condition reaulting in death)	complications that cause on List only one cause on a. DUE TO (OR AS	ed tha death, bo no asch line. The purpose of the consequence of the	4739 E	Baltimore da of dylng, suc	h as cardiac	, Hyat	tsvil	lle,	MD 207 Approxima	te tween
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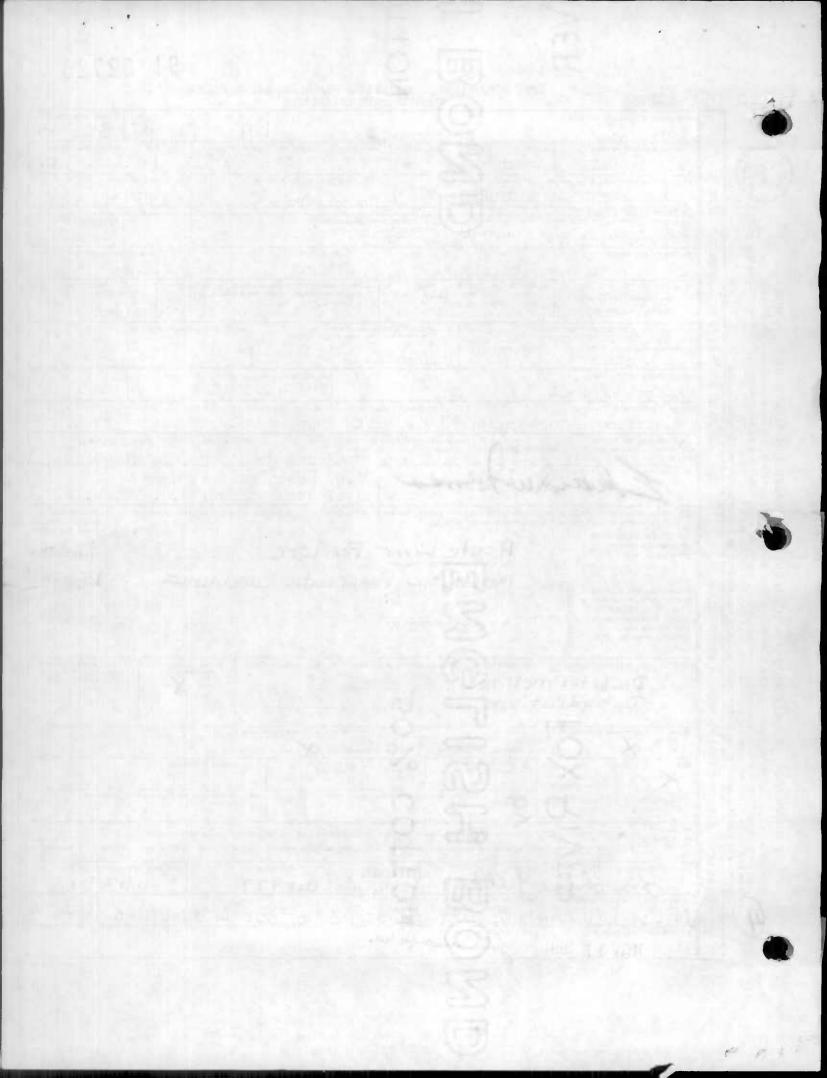
Dr. Lisa

31. DATE FILED (Month, Day, Year)

ienfield

32. REGISTRAR'S SIGNATURE grelia Davidson

DHMH-18 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

	REGISTRAR		C	ERTIF	ICATE O	F DEA	TH	MENTAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME DF DEA	TH
	Doris Ryan							MONTH 1 1	0		91	7:40	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS	7 DATE DE	BIDTH	3	- 1	PLACE (State or f	-
	230-56-6551	1 M 2 F	48	YRS.	MONTHS DAY		MIN.	April	ay, Mear)	1943	Virg	inia	-oreign
	9e. FACILITY NAME (If not institution, give s		40		Oh CITY TOU				- ,				
α:					9b. CITY, TOW			EATH		9c. COL	INTY OF DE	ATH	
5	Montgomery General Hospital Olney Montgomery									mery			
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION								10d. INSIDE CIT				
5	MD				nklaw							LIMITS?	
	10e, STREET AND NUMBER					10t, ZIP COD						1 YES 2	NO
8	19820 Pineybark B	Slvd.				2086						HAT COUNTRY?	
FUNERAL											S.A.		
	1 Never Married 2 Merried FORCES? 1 YES 2 ND				13. WAS E	Specify Cube	OF HISPAT	NIC DRIGIN? (S	Specify Yearn, etc.)	or No-	14. RACE - Black,	- American Ind White, etc.	len,
BY	3 Wildowed 4 Divorced	NO	AR OR DATES			ES 2 ND			.,,		Specify B1a		
	15. DECEDENT'S EDU		1 100 0	E OF DEALT (O							-	аск	
	(Specify only highest grade	completed)		Give kind of the Do NOT us	WORK done during	most of workir	ng	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
급	Elementary/Secondary (0-12)	2yrs.			U.S. (Court		Fo	1 - 20 - 1	Con	ernme	4.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2,20.		Dect.	0.5.	_					ernme	ent	
	James Guthrei							ME (First, Midd		Sumame)			
BE								e Stol					
9	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street						p Code)		
	Robert Ryan			19820	Pineyl	bark B	ld.,	Brink	klaw,	MD			
	20a METHOD DF DISPOSITION 1 Description 2 Comments 3 Remains	oval from State	20b. PLACE	AND DATE	OF DISPOSITION (Name of DATE 20c. LOCA				City or Tow				
	4 Donation 5 Other (Specify)		Rose	Gard	en Ceme						ston,	Va.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRES	S OF FA	neral	Homo	T			
	DO Chill	Me		642				land A					
	23. PART I. Enter the disesses or c	complications that	coursed the d	leath Do s	30,	Riiou	C 13	Tallu Z	ive.,	IN . W	•		
	onesit, or theory tollars.	List only one ceus	se on each lin	10,	or enter the r	node of dyl	ng, suc	h es cardiec	or respi	ratory en	rest,	Approxim	
	IMMEDIATE CAUSE (Finel disease or condition	4			1							Onset en	
	resulting in death)	cerch				" per l'						901	Y5
		DOF 10 (DR AS A CDNSE	EOUENCE OI	F):								
CERTIFICATION	Sequentially list conditions,	b	DR AS A CONSE										
E II	if any, leeding to immediate ceuse. Enter UNDERLYING	001 300	DH AS A CUNSE	EOUENCE DI	F):								
윤배	CAUSE (Diseese or Injury	DUE TO	DR AS A CDNSE	DUENCE OF	-								
E	thet initieted events resulting in death) LAST	Subarer	husie	/ /-	temas.	hoge						90A	ve
8		1										-	
- 11	PART II. Other eignificent condition	e contributing to d	leeth but not	resulting i	n the underly	ing cause g	iven in	Pert I. 24	, WAS AN	AUTOPSY	24b. W	VERE AUTOPSY F	INDINGS
<u>Ş</u> ∥									PERFDR	MED?	A	WAILABLE PRIOR	TO
								1	YES 2	ND		F DEATH?	JAOUL .
2								_			1	YES 2 1	NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL												
를 I	EXAMINER?	HOSPITAL:			OTHER:	PLACE DF DE	EATH (Che	ick only one)					
₹	1 YES 2 NO	1 🖾 Inpatient 2 🗆		_	4 - Nursing He	ome 5 🗆 Re	eldence	8 Other (Sp	pecify)				
	1 Natural 5 Pending	(Month, Day	NJURY (, Year)	28b. TIMI	URY V	NJURY AT VORK?		28d. DESCRI	BE HDW IN	JURY OC	CURED		
B	2 Accident Investigation					YES 2	ND						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At he to. (Specify)	ome, term, s	treet, lectory, of	fice		281. LOCATID	N (Street er	nd Number	or Rumi Rou	ite Number,	
	- Individue Getermined								, , , , ,				
4	29e. CERTIFIER (Check only	CIAN: To the best of n	y knowledge, de	eath occurre	d at the time, da	te end plece.	end due	to the causele) and man	nor so stat	ad		
COMPLETE	one) 2 MEDICAL EXAMINES	R: On the beele of exa	mination end/or	Investigation	n, in my opinion,	death occurs	ed at the t	time, date end	plece, end	due to th	e cause(e) e	and manner se a	lated
	29b. SIGNATURE AND TITLE DF CERTIFIER					-							
8	Find 1. myon	MO				29c. LICE	SE NUM				E SIGNED (N	fonth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH OVE	M 27) /5	Defect						7		
	Frie J. MAYO.	19 0	162	20 F	Print) Eredore	· fo Ra	1 11	213 0		hea.	berry	4000	F 7'7
1	31. DATE FILED (Month, Day, Year)					7 -47		12		3	2019,	77 20	0 /
		32. REGISTRAR		0									
	NOV 12 1991 Gula Davidson-Randale												

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TOPE STORM

BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending physician. by filled in by the funeral director, page 5 should be detached for use as the burial-transit attention or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and the signed by the attended to the signed by the attended for use as the burial-transit and the signed by the signed prior to burial creminal or amount	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

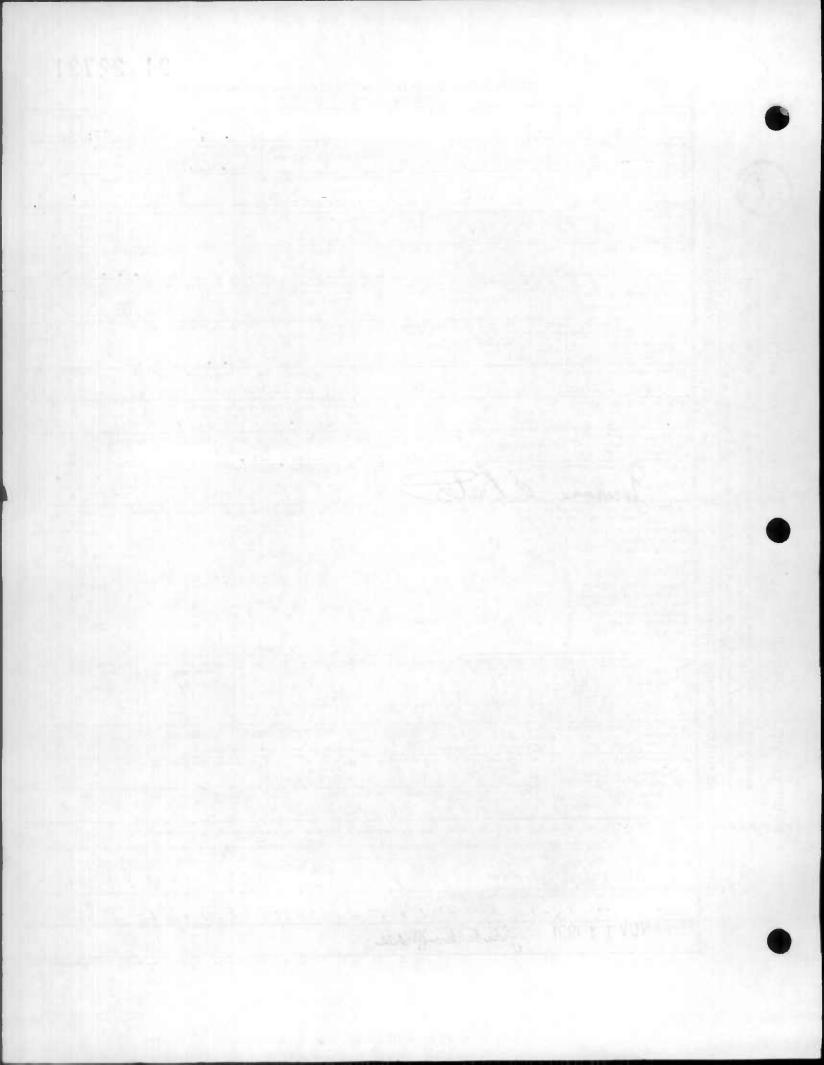
	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG NO.			
	1. DECEDENT'S NAME (First, Middle, Last) WILL	TAM	CHARLES	SIMPS	SON	2. DATE OF		, 1991	3:09 A M	
	4. SOCIAL SECURITY NUMBER 710-09-7452	11XXM 2 □ F	5. AGE (In yrs. lest birthdey) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 12-2	BIRTH ay, Year) 28-1916	Country)	ACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give Memorial Hospi RESIDENCE OF DECEDENT				or Location of D	EATH		Sc. COUNTY OF DEATH Allegany		
FUNERAL DIRECTOR	10e. STATE 10b. COUNT			CITY, TOWN OR LOCATION					d, INSIDE CITY LIMITS?	
RAL	10e. STREET AND NUMBER	Legany	C ₁	mberland.			10g.	CITIZEN OF WHA	YES 2 NO	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT I	YES 2 XIV				Black, V	American Indian, /hite, etc.		
ED BY		3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'			S 2 NO Specific		ID OF BUSINESS.		ite	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of viite. Do NOT us	work done during man retired.)	ost of working		City of		ol and	
	17. FATHER'S NAME (First, Middle, Last)			cu	16. MOTHER'S NA	ME (First, Middle	le, Maiden Surnam		Taria	
TO BE	Charles Will 196. INFORMANT'S NAME (Type/Print)	-		ADDRESS (Street	Emma	Smith		Zip Code)		
	Mr Albert Simp 20e. METHOD OF DISPOSITION 1 X Juriel 2 Cremetion 3 Ren	20b. PLACE AND DATE Cometery, crematory or o	OF DISPOSITION (N	treet Cur	nberlar DATE		21502 — City or Town,	State		
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Zion Mem	orial P	ND ADDRESS OF FA	11-15 CILITY	Cumb	erland,	MD	
	+ your 7	dean	selli	Camil	rpelli Fu perland.	MD 215	502			
	23. PART I Enter the disease, or shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	List only ona cause	on each lina.	eot enter tha mo	ode of dylng, suc	h ee cardiac	or reapiratory	arraat,	Approximate Interval Batwaen Onest and Death	
	reaulting in death)	DUE TO (O	R AS A CONSEQUENCE OF	7:	disys	IUIC			ISMIN.	
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Cores or							years		
SERTIF	that initiated evants resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE OF	7):						
EDICAL (PART II. Other algnificant condition	as contributing to de	eath but not resulting I	n the underlyin	g cause given in	Pert I. 24s	. WAS AN AUTOP: PERFORMED?	AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO	
Σ			· · · · ·			_ 1[YES NO	DF	MPLETION OF CAUSE DEATH? YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	26e. DATE OF IN. (Month, Day,		4 Nursing Hon E OF 28c, IN. URY	NO 5 Reeldence		ecify) BE HOW INJURY	OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF II	NJURY — At home, term, s (Specify)		YES 2 NO	28f. LOCATIO City or To	N (Street and Num wn, State)	ber or Rural Route	Number,	
COMPLET	29e. CERTIFIER (Check only one)	CIAN: To the beat of my	knowledge, death occurre	d at the time, date	end piece, end due	10 the cause(a) end menner ee	etaled.		
	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES		nination end/or investigation	n, in my opinion, o						
TO BE	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE		O-t-st	D 25406			29d. DATE SIGNED (Month, Day, Year) 11-13-9		
	Dr William Lamm	47 Virgin	nia Avenue,		land, MD	21502				
	31. DATE FILE (MONT) Poy, Your) 1991	22. REGISTRAR'S	signature son-Pandell							

· Misself Coverage antery distance productor mality 19-11-11

TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	23
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	IEALTH AND I	MENTAL HYGIEN		76.701		
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL ITENE	SIMPSON				2. DATE OF DEATH MONTH DI NOV. 3, 19	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)	n yrs. lest birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIRT	11:04pm M		
	513-10-2067	1 □ M 2 🖁 F 74	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 27,	Coun	known		
~	9s. FACILITY NAME (If not institution, give s		91		OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH		
ō	RESIDENCE OF DECEDENT	OCTORS COMMUNITY HOSPITAL LANHAM-SEABROOK PRINCE GEORGE								
DIRECTOR	10s. STATE 10b. COUNT	Y	10c. CITY, TOWN OR LOCATION				10d.			
		ice George's	Coli	lege Pa	ark		LIMITS?			
BY FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE				10g. CITIZEN OF			
NE	4711 Berwyn Hous		-0,10				U.S.	.A.		
FU	1 Never Married 2 Merried	Never Married 2 Merried FORCES? 1XXYES 2 NO If yes, specify Cuben, I			ecify Cuben, Maxica	n, Puerto Ricen, stc.)	or No— 14. RAC Blac	E — American Indian, k, White, atc.		
	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO					r	Cauc	casian		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kihld of work done during most of working					16b. KIND OF BUS	SINESS/INDUSTRY			
, LE	Elementery/Secondary (0-12) Unknown	College (1-4 or 5+)	life. Do NOT use re	etired.)	or or tronking		ntagon			
OMF	17. FATHER'S NAME (First, Middle, Last)	Unknown	Typist				rernment			
	Unavailable				Unavai.	ME (First, Middle, Maiden	Surname)			
) BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		Route Number, City or Town	2. State Zin Code)			
5	Mr. Robert Heffro	n	7127 Al	lentow	n Rd. Ca	mp Springs	, Md 207	48		
	20a. METHOD OF DISPOSITION XBurlel 2 Cremetion 3 Rem	ovel from State	PLACE AND DATE OF D	ISPOSITION (Na	me of	DATE 20c. LO	CATION — City or To	own, State		
	4 Donetion 5 Other (Specify)				1 Cem. 1	1 8 91 Sui	tland :-	Maryland		
	THE BROWN OF FUNERAL SERVICE LIC	I RY		22. NAME AN	D ADDRESS OF FAC	1 8 91 Sui Lee Fu	neral Ho	ome, Inc.		
	Perenno	& Dale	3				_	inton, Md207		
	23. PART I. Enter the diseases, or o shock, or heert failure.	Emplications that caused List only one cause on ea	the deeth. Do not ch line.	enter the mo	de of dying, eucl	ee cerdlec or reepl	ratory arrest,	Approximete Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	Centin	0	10				Oneet and Deeth		
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	of Ci	,	A /	. 1			
N	Sequentially liet conditions,	- Ford - Stage Print pailure								
ATIC	If eny, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):	00	000	0 0 0 11	-			
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A I	CONSEQUENCE OF):	2 cm	e gri	U; CH	-			
EH	resulting in death) LAST	COP)	A	1 non	Ma.				
2	DART II. Other significant as distant		1		0 0 0	/				
CAL	PART II. Other eignificant condition	s contributing to deeth bu	t not resulting in t	he underlying	ceuse given in i	Part I. 24s. WAS AN PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	MOLA TO	FOLL T	011	At	- notes	1 1 VES 2	1540	COMPLETION OF CAUSE		
2	LATTER VITTER	18 () F	HARA (Zull	Q.	- /		1 YEST 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	Cit delly court		_		
SIC	EXAMINENT 1 ☐ YES 2 XCNO	HOSPITAL: 1) Resilient 2 - ER/Outpet		THER:	- 5 (3 Hastdance	- IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
PHY	ZZ. MANNER OF/DEATH	28a, DATE OF INJURY (Month, Day, Near)	280. TIME OF	This INJ	TA YHL	28d. DESCRIBE HOW IN	LJURY OCCURED			
BY	1 Natural 5 Pending Investigation	A CONTRACTOR OF THE CONTRACTOR	/	1207	88 2 NO	/				
	5 Suicide 6 Could not be determined	28s. PLACE OF INJUSTY - building, atp Toxico	At home, farm, street	t, factory office		28f. LOCATION Street of City spr Sweet, Street	nd Number or Musel I	Stude Alimber		
E										
COMPLETED	(Check only one)	CIAN: To the best of my knowle	dge, death occurred at	ths time, dats	and place, and due	to the cause(s) and man	ner sa stated,			
		R: On the basis of exemination	and/or investigation, in	my opinion, da	eath occured at the t	time, data and place, and	dus to the cause(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	on Km	41	Λ.	29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Pay, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAL	H (ITEM 27) (Type Prin	0	1-31	1303	11/	4141.		
	7207- HANOV	FR PORL	CUIAV:	#B:	GREFE	NRE/IT:	M1)-	20170.		
	31. DATE FILE (W. V. 01. 74") 1991	32. REGISTHAR'S SIGNAT	URE SO	/	JINC()	VECKUI J	1-41			
	T 7 1001	Juna wand	son-Handell	•						



BALLIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any wounts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after cleath with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
3,	within 2 - no	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its filed within 72 hours after hearth with the State Deot, of Health and Mental Hyglene prior to burial, cremation, or removal.	ent, the m	
10140	e executed	an and com	umatic ev	
. BO	certificate by	ling physicia vgiene prior	other tra	
, r.	the death	the attend	injury, or	
DIVISION OF VITAL RECORDS, P.O. BOA 13140,	equires that	en signed by of Health an	hows any	
HALM	V: The law r	cate has be State Deot.	item 23 s	
2 - 2	S PHYSICIA!	r this certifi	arked, or	
VISION	ATTENDING	ECTOR: After	n 28 is m	
5	SPITAL OR	NERAL DIR	NT. If Item	
	TO THE HC	TO THE FU	IMPORTA	

STATE OF MARYLA	ND / DEPARTMENT		MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
13	RAYMOND SAMPSON				MONTH DAY	1991	2:53A M
	4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (in yrs.	fact birthday I am an	1 YEAR IF UNDER 24 HRS.			
1		M 2 F 80	Inst birthday) IF UNDER MONTHS MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTI	MPLACE (State or Foreign ry) Md.
JR.	Se FACILITY NAME (If not institution, give street en	11 0	ob. CITY	TOWN OR LOCATION OF DE	EATH	9c. COUNTY OF C	DEATN
5	RESIDENCE OF DECEDENT	001112 11021	1100	TORD LIVE		Cal	
Ä	10e. STATE 10b. COUNTY		10c. CITY, TOWN C	R LOCATION			10d. INSIDE CITY LIMITS?
L DIRECTOR	M. DO	rchester	Lin	LIGH ZIP CODE		10 0/2/2511 05	1 ES 2 NO
FUNERAL	BOX 102 A E	ast New Man	rket	21613		10g. CITIZEN OF	MNAT COUNTRY?
5		VAS DECEDENT EVEN IN U.S. ORCES? 1 YES 2		NAS DECENDENT OF NISPAI I yes, specify Cubin, Mexico		or No- 14. RAC Blec	E — American Indien, k, White, etc.
B≺		YES, GIVE WAR OR DATES		YES 2 NO Specif		Spec	BIK
E	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	d 16e.	DECEDENT'S USUAL OF		16b. KIND OF BUSH	NESS/INDUSTRY	
COMPLET		lege (1-4 or 5+)	Ilfe. Do NOT use ratired.)				
ME	17. FATNER'S NAME (First, Middle, Last)		19bor		SAF (Fine Saidule Saide - F		
ш	Clarence	Sampson	N	ER	ME (First, Middle, Maiden S	o cma	in
9 8	190. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	
2	Mildred Banks		820 R	obboins s	t. Cambr	idge, n	21.21618
	20a. M57HOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal in	20b. PLA	CE OF DISPOSITION (Na	me of cemetery, cremetory or	20c. LOC	ATION — City or To	own, State
	4 Donetion 5 Other (Specify)		ma. Ve-	terans Cem	ctery Bue	ah, hi	rick md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7/	22.	NAME AND ADDRESS OF FA	CILITY Har	4 Fine	val Home
	I and le	Hent.	5	10 Washi	raten st	Cambr	idae md 2161
	23. PART I. Enter the diseases, or compl	ications that coulsed the	death. Do not enter				Approximete
	shock, or heert failure. List o	only one cause on each i	Ine.				Intervel Between Onset end Deeth
	IMMEDIATE CAUSE (Final disease or condition	Danser					Onset end Deeth
	resulting in deeth) a	DUE TO (OR AS A CON	SEQUENCE OF):				1 week
z		Multinles	+ Dome	utia			Bulgin
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEOUENCE OF):	ri.	0		ogens
S	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	atherosel	rotic 1	raseular o	lisease		0
U.	thet initiated events	DUE TO (OR AS A CON	SEQUENCE OF):				
CERT	reaulting in deeth) LAST						
Ö	PART il. Other eignificant conditions con	stributing to death but no	ot resulting in the ur	deriving cause given in	Part I, 24a. WAS AN A	MITOPSV 24	b. WERE AUTOPSY FINDINGS
S	Δ 0.	^		conying cacao given in	PERFORM	MED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE
	multiple presse	ne allers			1 TES 2	No	DF DEATH?
2	,						1 YES 2 NO
PHYSICIAN: M	25 Was case personer to Menical						
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OTHE				
1YS		Inpatient 2 ER/Outpatient	3 DOA 4 Nur	sing Nome 5 Residence		HIDY COOL	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE NOW IN	JURY OCCURED	
ВУ	Accident Investigation 3 Suicida B Could not be	28e. PLACE OF INJURY - A	home, lerm, etreet, fact		26f. LOCATION (Street ar	nd Number or Rural	Route Number,
TED	4 Nomicide 8 Could not be determined	building, etc. (Specify)			City or Town, State)		
J'E	290. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowledge	, death occurred at the t	ime, data end place, and due	to the cause(s) and many	ner ee stated.	
COMPLET	anal .	The beels of examination and					s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CONSUMER			29c. LICENSE NU			D (Month, Day, Year)
BE	Clerenia DI	1) alatin	mi	D38	/ ^	D 11/18	191
5	30. NAME AND ADDRESS OF FERSON WHO COM	MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1000	3071	11110	, ,,
	JERMEY WALSTON, M.D			21902			
			E	. 2.1302			
	10'06 101	32 REGISTHAR'S SIGNATUR	andall				

A CHARLESTON OF THE Michael Describe THE STORY OF STREET STREET

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	_	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO).			
•		1. DECEDENT'S NAME (First, Middle, Last) MAR 9UCRIT 4. SOCIAL SECURITY/NUMBER	5 5h	UNK			7-1947	3. TIME OF DEATH		
1		214-01-0500 9e. FACILITY NAME (If not Institution, give	1 - M 2 A F 97	7 YRS. MONT		APRIL 11,	1894 MI	HPLACE (State or Foreign try)		
P	RECTOR	Wilson Hatth	CARE CENT		Aithers bur		9c. COUNTY OF	GA NERY		
mit. Page	O		TGOMERY	10c. CITY, TO	NN OR LOCATION THERSBURG			LIMITS?		
an. ransit permit.	NERAL	301 RUSSELL AVE	NUE		101. ZIP CODE 208	77	10g. CITIZEN OF USA	WHAT COUNTRY?		
215-0020 attending physician. ise as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yea, specify Cuben, Mex 1 YES 2 NO Spe	icen, Puerto Ricen, etc.)	a or No— 14. RAC Blac Spec	E — American Indien, ck, White, atc.		
21 arte	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most of working		SINESS/INDUSTRY			
YLAND 21 by the hospital or be detached for u at once.		12 17. FATHER'S NAME (First, Middle, Last) JACOB WALTER S	2 HUNK	CLERICAL		COLLI				
MAR retained 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print) BETTY RHOTEN		196. MAILING ADDI	RESS (Street and Number or Run HILL DRIVE	REISTERS	rown, MD.	21136		
Page 6 may be at director, page and mer must be a		20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State Cem	PLACE AND DATE OF DIS netery, crematory or other place ESTMINSTER	acel		CATION — City or T	1		
ALT death. death.		21. SIGNATURE OF FUNERAL SERVICE LA	H-Ba	cher!	22. NAME AND ADDRESS OF MURIEL H. BA 21525 LAYTONS	RBER FUNERA		ILLE.MD. 20882		
\$ 68760, B executed within 24 nours after and completely filled in by the o burdal, cremation, or removal matic event, the medical is	Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Corolication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, a. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
P.O. BOX th certificate be tending physician il Hygiene prior to or other traus	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE DF): d.							
RECORDS w requires that the d been signed by the ot. of Health and Mei	AN: MEDICAL	PART II. Other significant condition	a contributing to death bu	ut not resulting in the	underlying cauae given i	n Part I. 24e. WAS AN PERFOR	RMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO		
E ate H	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output	etlent 3 DOA 2	26. PLACE OF DEATH (CHER: Nursing Home 5 - Realdence					
OF PHYSIC this cer with th	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCURED			
TISIC TTENDI TTOR: A after do	ETED	3 Suicide 8 Could not be detarmined	26a. PLACE OF INJURY building, atc. (Speci	— At home, farm, street,	factory, offica	261. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,		
HOSPITAL OR P FUNERAL DIREC WITHIN 72 hours	COMPL	2 MEDICAL EXAMINE	CIAN: To Iha best of my knowle R: On the basic of exemination					a) and manner as etsted,		
TO THE HOSPITAL TO THE FUNERAL De filed within 72	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER) Leele	n	29c. LICENSE N	JMBER 3546	29d. DATE SIGNED	(Month, Day, Year)		
		30. NAME AND ADDRESS OF PERSON WH	lar ber	- 851	2 wisen	·Sol an	e F	pthe solo		
	ě	NOV 29 199	32. REGISTRAR'S SIGNA	for Dulies						

11, 104

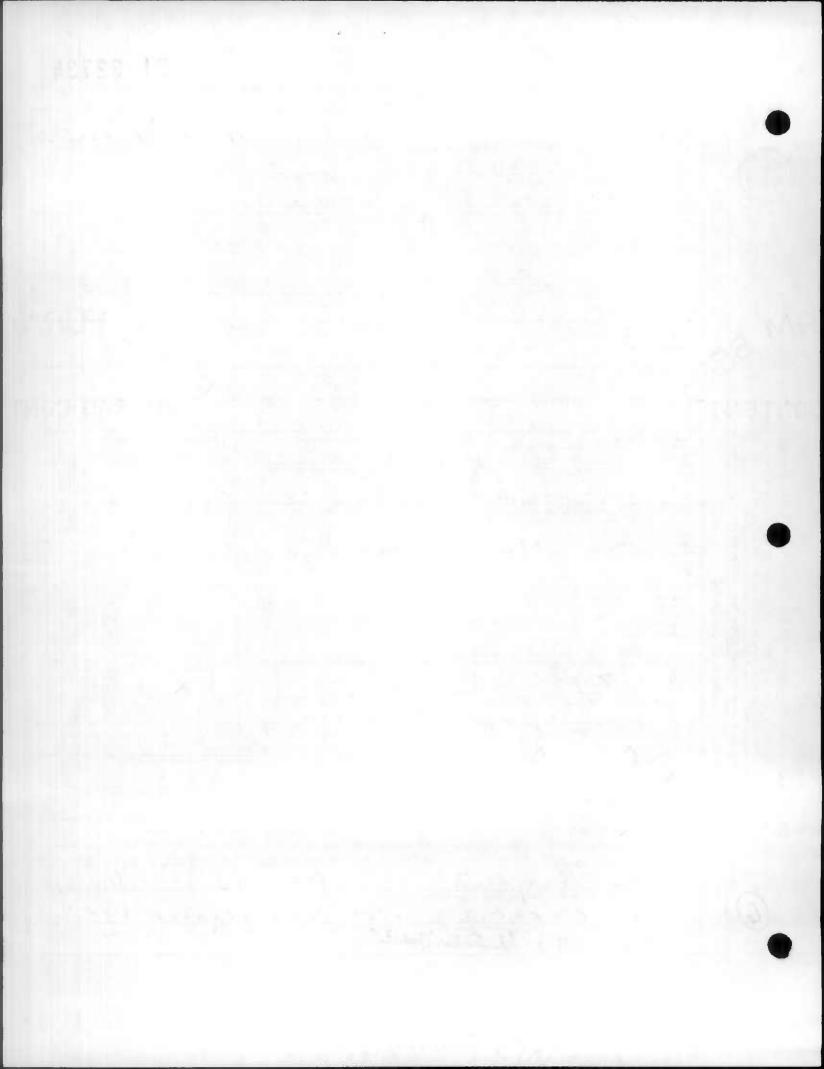
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTII	-ICALE	OF DEATH	RE	G. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF GEATH		DAY YEAR 3. TIME OF OEATH		
	Kathryn	Ε.	TAYLOR			11 12 91			4:15 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BI	RTH	& BIRTHPI	ACE (State or Foreign	
	579-40-9468	1 🗆 M 2 💢 F	59 YRS.	MONTHS D	AYS HOURS MIN.	June 1		Country)	Virginia	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH		
œ								Washington		
2	Western Maryland Center			Hagerstown,				sningt	con	
<u> </u>	10a. STATE 10b. COUNT	TY .	10c. C	TY, TOWN OR	OCATION			1	Od. INSIDE CITY LIMITS?	
DIRECTOR	Maryland Washi	ngton	Hag	erstow	n			1	YES 2 NO	
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. Cl	TIZEN OF WH	AT COUNTRY?	
18	1500 Pennsylvani	a Ave.			21742		Uni	ted Si	tates	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			13. WA	S DECENDENT OF HISPA	ANIC ORIGIN? (Sp.		-		
	1 Never Married 2 Married	FORCES? 1 [YES 2 X NO	If y	YES 2 X NO Spec	an, Puerto Rican,		Black, Specify.	- American Indian, White, atc.	
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR	OR DATES	''	TES 2 M NO Spec	ny:		Specny.	White	
	15. DECEDENT'S ED	UCATION	16a. DECEDENT	'S USUAL OCCI	JPATION	16b, KIND	OF BUSINESS/IN	IDUSTRY	***************************************	
	(Specify only highest grad		(Give kind o	f work done duri	ing most of working					
2	Elamentary/Secondary (0-12)	Collega (1-4 or 5+)	Home M	alcor		0	II			
COMPLETED			nome r	akel	10 MOTHED'S N		n Home			
ö	17. FATHER'S NAME (First, Middle, Last) Samuel Gilbert E	llis				Whitehu				
BE										
٩	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rura			up Code)		
	Clyde G. Ellis				L Rd. Norf					
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 📉 Cremation 3 ☐ Rei	noval from State	other place)		of cemetery, crematory or		20c. LOCATION -			
	4 Donation 5 Other (Specify)		F		ncoln Ceme		Brentwo	od Mar	yland	
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE /		22. NA	ME AND ADDRESS OF F	ACILITY Fundre 1	Homo	Tno		
	>1/	Mar	2	340	t Lincoln l Bladensb	urg Rd.	Brentwe	ood Mo	1. 20722	
	OR DARTE Francisco	and the Mana Mana	anned the death De							
	23. PART L Entar the diseasea, or shock, or heart failure			not antar th	a mode or dying, au	cn as cardiac	or respiretory a	irrest,	Approximata intarval Batween	
	IMMEDIATE CAUSE (Final								Onaet and Death	
	diagase or condition regulting in death)	a. My	ardial?	Jacka	rclion				unit	
	disease or condition resulting in death) a. My caudial Sufer Clips DOE TO (OR AS A CONSEQUENCE OF):									
z										
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (0	R AS A CONSEQUENCE	OP):						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	4								
国	that initiated events	DUE TO (O	R AS A CONSEQUENCE	OF):						
E	reaulting in daeth) LAST	a.								
5	States to State of States and States and States					areas and beautiful	WAS AN AUTOPS	Land	William Commence of the Commen	
¥	PART II. Other significant condition	The continuousing to o	eath out not resulting	o in the unor	mying cause given s	n Part L. 246	PERFORMED?		WERE AUTOPSY PINDINGS MAILABLE PRIOR TO	
EDICAL	Muyotop	euc Ca	Keral A	CKE	1962	- 10	YES 2 XNO		COMPLETION OF CAUSE OF DEATHY	
ME	Diabetes	Melli	tus.	Ven	tilato				YES 2 NO	
	Dennuden	+ 141	mitter	world	Con					
M	25. WAS CASE REPENDED TO MEDICAL 35. PLACE OF DEATH (Check stry) (the)									
Sic	EXAMINER? 1 VES 2 QNO 1 Separation 2 ER/Outputtent 3 DAA 4 Narraing Home 5 Residence 6 Other (Specify)									
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF III		-	Ic. INJURY AT	-	BE HOW INJURY O	ocureo		
	1 Natural 5 Pending	(Month, Ditt	Warj .	MUURY	WORK?	200000000000000000000000000000000000000				
BY	2 Accident Inwelligation	The state of the s	INJURY At home, term	attack fortune	-	THE LOCATION	N /Iltreet and Numb	and the Street Street	in Ministra	
0	3 Suichte 6 Could not be 4 Nomicide determined	bulkting, et	E. (Specify)	i, sossi, mini	r, united	City or Its			on motors	
7		SICIAN: To the best of m	y knowledge, death occi	urred at the tim	e, data and placa, and d	us to the cause(s) and manner as a	tated.		
COMPLETED	one) 2 MEDICAL EXAMI	NER: On the basis of axa	mination and/or investiga	ition, in my opi	nion, death occured at ti	he time, data end	placa, and dua to	the cause(a)	and manner as atsted.	
	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE N	UMBER	29d, D.	ATE SIGNED	Month, Day, Year)	
BE	D.P. P.	M	.D		1) 2	2001		4 3 4	1-10.	
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CALLES	OF DEATH (ITEM 27) CT	me Print)	11/ 2=	876		///	12/7/	
		A A	'S SIGNATURE Davidson-Rand	pa, rimi)	0				115	
	JOHN PEC	ORR,M	1).	1500	TENI	USYL	VANI	A A	001	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE TO	1000 AG	CRS TO	VI,	MD. 2	174.	7	
	NOV 1 5 199	guna	uniason-Nanh							

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

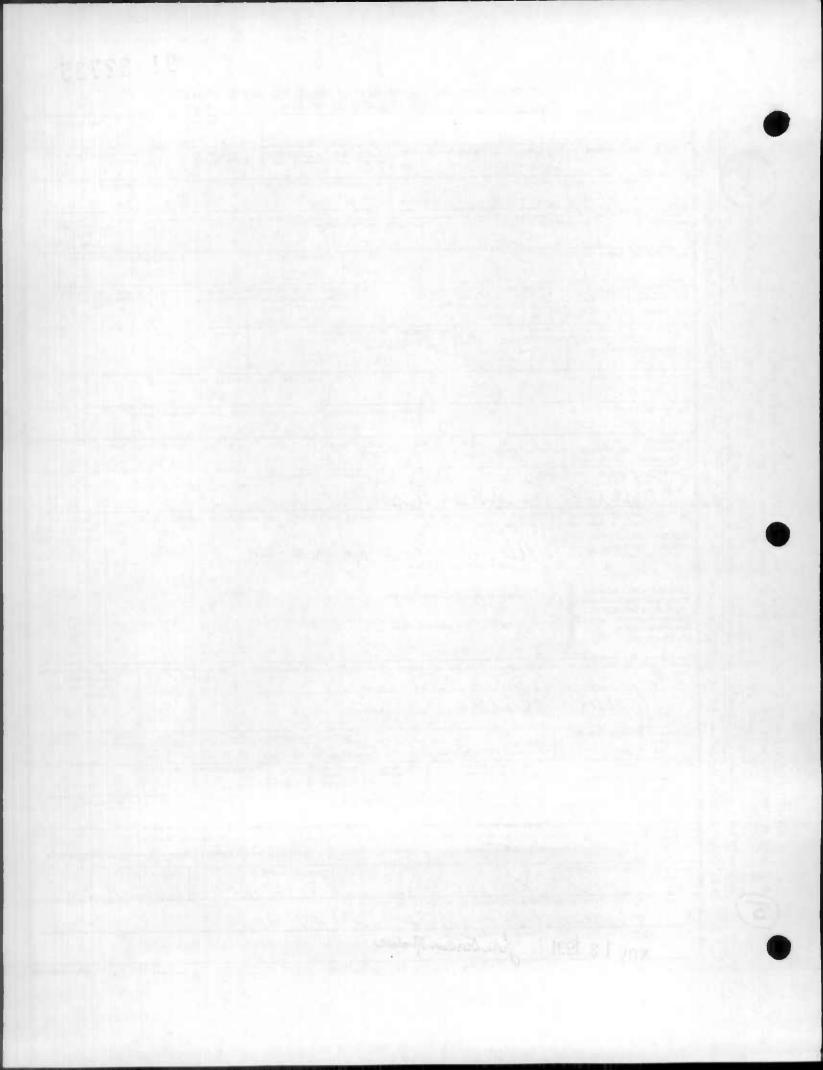
DHMH-16 Rev 1/89



Milita.	
3	E
No.	12

	1 - STATE REGISTRAR	STATE OF N	IARYLAND / DEPAR CERTIFI	TMENT OF H			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Clare M. Terret					2. DATE OF DOMONTH	EATH DAY	YEAR 991	3. TIME OF DEATH 5:50 AM M	
	4. SOCIAL SECURITY NUMBER 220 07 6498	O. PIGE (III yis. last Dirittius) F. UNDER 17 FAR IF UNDER 24 MRS. 7. DATE OF BIRT! (Month Dist.) (Month Dist.)							PLACE (State or Foreign sylvania	
DIRECTOR	Pleasant Living	er	DEATH		e Ar	undel				
		Arundel		town or Locate. lersvil				10d. INSIDE LIMITS 1 YES		
FUNERAL	100. STREET AND NUMBER 713 Mattawa Cour				21108		Unit		States	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		TEVER IN U.S. ARMED YES 2 X NO AR OR DATES NO	It yas, sp	ENDENT OF HISP ecify Cuban, Mexi 2 NO Spe	ANIC ORIGIN? (Special, Puerto Rican, City:	etc.)	Black	- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	me. Do Not use	ork done during mo	ON st of working		of Business/IND			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Oscar W. Logan		Home	:make1		IAME (First, Middle, M. Brown	Maiden Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) Willis N. Terrett		19b. MAILING 713 M	ADDRESS (Street a	nd Number or Rure Court M	i Route Number, Cit illersvi	y or Town, State, Zip	code) yland	1 21108	
	20a. METHOD OF DISPOSITION 1 (Zhauria) 2 Cremation 3 Rem 4 Denation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE AND DATE OF Commetery, cremetery, cremetery or other Fort Lines	oln Ceme 22. NAME AN Beall	etery 1 D ADDRESS OF I E-Evans	1-13-9 Funeral	Brentwo Home, P	od M		
	23. PART I. Enter the diseases, or sheek, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. als	causad the death. Do not a con each time.	ot enter the mod	da of dylng, au	ch as cardiac o	r raapiratory arm	est,	Approximata Interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Bu	OR AS A CONSEQUENCE OF)	C.						
MEDICAL	PART II. Other significant condition	July Joeles			cause given i		PERFORMED? YES 2 NO		WERE ALTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SI-MO	HOSPITAL:		отния:	ACE OF BEATH (C			-		
1200000	27. MANNER OF DEATH 1 Minurel 5 Pending Investigation	28s. DATE OF I (Minm, Day	NJURY 286 TIME	OF 28st. HUJL RY WOR	HY AT	8 C Other (Spec 28d, DESCRIBE	HOW INJURY OCC	VAICO		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	(Winter and Number (, State)	or Runel Ru	ute Number						
COMPLET	29s. CERTIFIER 1 CERTIFYING PHYSIC CONS (CONS) 2 MEDICAL EXAMINE	CIAN: To the best of n	ry knowledge, death occurred	at the time, date :	and place, and du	e to the cause(x) a a time, date and pi	and menner as state	d. coven(s)	and menner as stated.	
TO BE C	286. SIGNATURE AND TITLE OF CERTIFIE	Xoe	000 811)		DIG			-Street, Carp.	170,001	
-	30. NAME AND ADDRESS OF PERSON WA	William Company	OF DEATH (TEM 27) (THIS P	7/	401				7	
	NOV 1 3 199	32. HECHTHAN	Davidson-Rondal	2		44.0				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HIGHER. OR ATTENDIA PROJECTAN. The law mounts that for death certificate the control of the formation of the for



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	RTIFI	CATE OF	DEATH	REG.	NO		
	1. DECEDENT'S NAME (First, Middle, La ST	*	IBBITT				2. DATE OF DEAT	TH DAY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 405-56-0012	5. SEX	6. AGE (In yrs. lest b		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye	09	91 8:03	A
		1 X M 2 F	48	YRS.	MONTHS DAYS	HOURS MIN.	Alabama			
	9a. FACILITY NAME (If not institution, gi					OR LOCATION OF D			C. COUNTY OF DEATH	
OTO	JOHNS HOPKI		L		BALTI	MORE CIT	Y	BAI	TIMORE	
DIRECTOR	Maryland Pri	nce George	's		rt Wash			10d. INSIDE CITY LIMITS? 1 YES 24 NO		
AL	10e. STREET AND NUMBER				100	. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
FUNERAL	405 Pine Road					20744			S.A.	
FU	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARME	D	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specifin, Puerto Rican, etc	v Vaa or No	14. RACE — American Indian, Black, White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			1 TYES	2XXNO Specif	y.		Specify:	
COMPLETED	15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	16a. DECE	DENT'S U	ISUAL OCCUPATIO	ON st of working	16b. KIND OF	BUSINESS/INDU	JSTRY	
LE.	Elementary/Secondary (0-12)	College (1-4 or 5+	,		ork done during mo retired.)		173 1	1 0		
JW C	17. FATHER'S NAME (First, Middle, Lest)	J+	Phys	sica.	1 Scient			al Gove	rnment	
BE C	Winfield Tibbi	tt					ME (First, Middle, Ma uerite			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. A	AAILING A	ADDRESS (Street a		Route Number, City or	3	Code)	
F	Christine Tibbi	tt	40)5 P:	ine Rd.	, Ft. Was	shington	, Md. 2	0744	
	20a. METHOD OF DISPOSITION 1	imoval from State			er place) tan Cren				Ity or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE / /	Therrol	00111	22. NAME AN	D ADDRESS OF FA	TT/TO/AT	Alexan	dria, Va.	
	· Heorge.	Thale	2		Georg	ge P. Kai	Las Funer	ral Homo	e 1, Md. 20745	
	23. PART I. Enter the diseasea, o ahock, fir heart fallur	r complications that	caused the deeth	n. Do no	t enter the mo	de of dylng, such	h es cardiac or re	espiratory erre	st, Approximete	
	IMMEDIATE CAUSE (Final			i s					Intervsi Betwee	
	disease or condition reaulting in death)	. Fuin	CNAVT	HE	PATIC	FAIL	NEC		14 DAY	5
-		DUE TO (OR AS A CONSEQUE	NCE OF):					4 NAV	
01	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A CONSEQUE	NCE OF):					I UTS	>
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	c								
E	that initiated events reaulting in deeth) LAST	DUE TO (OR AS A CONSEQUE	NCE OF):						
CERTIFICATION		d								
AL	PART II. Other aignificant conditi		leath but not resu	uiting in	the underlying	cauaa given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDIN	IGS
EDICAL	REVAR FAIL						1 TE	1/	AVAILABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH?	E
Σ	COAGULOPA-	A .							1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	PERLITUNIT	TIS						^	
PHYSICIAN:	EXAMINER?	NOSPITAL:	EB/Outratters a City		OTHER:	ACE OF DEATH (Che				
H	27. MANNER OF DEATH	26a. DATE OF II		Bb. TIME		5 Rasidenca	6 Other (Specify) 26d. DESCRIBE HO	W IN HIEV OCCU	DED	
ВУР	Natural 5 Pending Accident Investigation	(Month, Day	(Year)	INJUR	NON WOL	ES 2 NO	Lou. Degoning no	W INSONT OCCO	RED	
	3 Suicide 6 Could not b	26a. PLACE OF building, at	INJURY — At home, tc. (Specify)	farm, stre	set, factory, office		26f. LOCATION (Str. City or Town, St	eet and Number of	Rural Route Number,	
ETE	4 Homicide datarmined						Only or lown, Si	a(0)		
COMPLETED	(Check only one)	SICIAN: To the best of m	y knowledge, daath	occurred	at the time, data	and place, and due	to the cause(a) and	manner as stated		
00		and the same of th	mination and/or inve	atigation,	In my opinion, de	ath occured at the	time, data and place	, and due to the	cause(s) and manner as stated	
BE	285 WIGHARDINE AND TITLE OF CERTUR	P. 27	0.41	04		29c. LICENSE NUM	BER	29d. DATE S	SIGNED (Mohin, Day, Year)	
유	SE HAME AND ADDRESS OF PENSON V	HI COMPLETED CAUSE	OF DEATH (ITEM 27	(Type, Pr	SICIAN	JHH J	2490	11	19/9/	
	MICHAGE SI	SAN Hole	GIVIS		-	HOPKO	us Hos	PITAL		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE			7 - 1 - (1	1102	4 . 1 . 1 mm		
	NOV 12	1991 Ju	hia Davidson	-Mana	tell					
		V							DHMH-16 Rev	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director name 5 should be departed for use as the businal random and	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burfal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION	TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death wit IMPORTANT: If item 28 is marke	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	REGISTRAR CERTIFICATE OF DE	EATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH MONTH DAY OF CAR OF DEATH OF DEATH OF DEATH									
	185-18-298/ 1 \$\(\text{M}\) 2 □ F 67 YRS. MONTHS DAYS HOU	NDER 24 HRS. 7. DATE OF BIRTTN (Month, Dey, Year) 12-11-23 B. BIRTNPLACE (State or Foreign Country) 11-11-23									
TOR	90. FACILITY NAME (If not institution, give street and number) SOUTHERN MARY LAND HOSTIAL CLINION PESIDENCE OF DECEDENT 90. CITY, TOWN OR LOCATION OF DEATH RESIDENCE OF DECEDENT 90. CITY, TOWN OR LOCATION OF DEATH RESIDENCE OF DECEDENT										
DIRECTOR	106. STATE 106 COUNTY 105. CITY, TOWN OR LOCATION CAMP S	10d. INSIDE CITY LIMITS? 1 X YES 2 NO									
FUNERAL	100. STREET AND NUMBER 101. ZIPC 2	CODE 109. CITIZEN OF WHAT COUNTRY?									
BY FUN	11. MARITAL STATUS 1 Naver Merried 2 Married 1 Naver Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15 YES, GIVE WAR OR DATES 1 YES 2	NT OF NISPANIC ORIGIN? (Specify Yas or No— 14. RACE — American Indian, Black, White, atc. NO Specify: Specify:									
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +)	18b. KIND OF BUSINESS/INDUSTRY USS									
COMPL	12 Forman	COSP OF ENGINEERS									
BE	rettigrew track	OSEBUD COMPTON There or Rural Route Number, City or Town, State, Zly Code) 20745									
10	EMILY PACES 5328 Care 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Neme of	DATE, 200 LOCATION - CHY OF TOWN STATE									
	1 Burlet 2 Cremetion 3 Removal from State Competery, trematory or other place) Competery trematory	DESS OF PACIFIC HOODES + COMPACE									
	Anne Edwards 3720	Old Silver Hill Rd my									
	23. PART. Entar the diseases, or complications that caused the death. Do not entar the mode of shock, or heart fellura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) s. Adv. ad Cop / R.	dying, such as cardisc or raspiratory arrast, Approximate Interval Batwaan Oneat and Death Services And Death									
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b. CON dist fruit mo loniosis										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERT	resulting in death) LAST d. Toballo HX										
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO									
ICIAN	HOSPITAL:	F DEATH (Check only one)									
PHYSICIAN: ME		Residence 6 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED									
ED BY	2 Accident Investigation 3 Suicida 8 Could not be determined 8 Could not be determined	2 NO Cation (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, daeth occurred at the time, date end pl one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death oc	ace, and due to the cause(s) end menner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. I	29d. DATE SIGNED (Month, Day, Year)									
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print) B. REDJAEE, 4467 old BRAN	O AVE Temple Hills MO									
	31. DATE FILEDAMONIN, DON 1991 1991 32. REGISTRIAR'S ATCHATURE JUNE DAY door-Randele.										

AND THE PERSON NAMED IN COLUMN 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law reguires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANY: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECERENT'S NAME (First. Middle, La	st)			ICATE				2 DATE	OF OEATH		1	3. TIME OF DEATH
	Marie	G. Vo	oiat					IMONTH	0 %	AV 9	YEAR	5:30 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1		IF UNDER		7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
578-66-9000	1 □ M 2 X F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	ch 29	1904	Counti	wland
9a. FACILITY NAME (If not institution, given				9b. CITY, 1	TOWN O	R LOCATIO	N OF DE	ATH		9c. COUN		
Southern MD Hospital Center Clinton										Pr	inc	e George'
10e. STATE 10b. COU	TY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY
Maryland Prin	Prince George's Clinton											1 YES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE								10g. CITI	ZEN OF V	VHAT COUNTRY?		
8220 Golden Drive 20735								Ţ	U.S.	A.		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DECE	NDENT OF	F HISPAN	IIC ORIGIN	? (Specify Yar	or No-	14. RACE	- American Indian.
1 Naver Married 2 Merried 3 Widowed 4 Divorced		FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, et						lican, etc.)		Bleck	casian	
15. DECEDENT'S E (Specify only highest gra	DUCATION and completed	16a. D	ECEDENT'S	USUAL OCC	CUPATION	N		16b.	KIND OF BU	SINESS/IND	USTRY	
Elamentery/Secondary (0-12)	College (1-4 or 5 -	+) #A	e. Do NDT u	work done du se retired.)	iring most	t of working	7					
12th	N/A		Tabu	ulator	-				U.S.	Gove	rnme	nt
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, M	liddle, Malden			
Ernest Gregg							Ed	ith 1	Dodd			
19e. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS (Street en	d Number o			er, City or Tow	n, State. Zin	Codel	
Shirley Voigt				e as					, , , , , , , , , , , , , , , , , , , ,	,,	_000/	
20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSIT	ION (Nam	ne of		DATE	20c. LO	CATION (City or To	wn. State
1 XBuriat 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cemetery, cr	ematory or o	other place!	mete	erv	1	1 11				Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE 1											e, Inc.
	1 6	9) _									nton, Md 20
imanne	N N	ales		00				C-100 H				
IMMEDIATE CAUSE (Final disease or condition	e. List only one ceu	t caused the de see on each line	eath. Do r	not enter th	1		/		-			Approximete intervel Between Oneet end Deeth
IMMEDIATE CAUSE (Final	DUE TO C.	(OR AS A CONSE	QUENCE OF	Pero	4	e of dyin	/		iac or respi			intervel Between
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BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permisted begin of Health and Mental Hydiene prior to burial, cremation, or removal.	
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TAL RECORDS, P.O. BOX 68760,	es th	te has been signed by the attending physician and completely filled in by the te Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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1. OECEDENT'S NAME (First, Middle, Last) 2. OATE OF OFATH 3. TIME OF OFATH NOV" 08, 1991 LORETTA WHITAKER 8:39pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. OATE OF BIRTH 6. BIRTHPLACE (State or Foreign May 2 1913 DAYS 1 M 2 F New York 089-12-2399 78 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH DOCTORS COMMUNITY HOSPITAL DIRECTOR LANHAM-SEABROOK PRINCE GEORGE'S CO. RESIDENCE OF DECEDENT toa. STATE 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY LIMITS? tXXYES 2 NO Prince Georges College Park Maryland FUNERAL 10e. STREET AND NUMBER tor. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 90]4 Rhode Island Ave. 20740 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yea, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Bleck, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES 1 Never Merried 2 Married BY Specify: 3 Widowed 4 Olvorced Cauc. BE COMPLETED 15. OECEDENT'S EOUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondery (0-12) College (1-4 or 5+) Clerical Citicorp Bank medical examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Andrew Oberster Mary Ramsey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 2 Box 98 Mineral, Virginia 23]]7 Joan L. Everhart 20a. METHOO OF OISPOSITION
t Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Fort Lincoln Cemetery]]/]2 Brentwood, Maryland 21. SIGNATURE OF FOMERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY Rendon/Hale Funeral Home 9013 Annapolis Rd. Lanham, MD 20706 23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, Approximete shock, or heart failure. List only ona cause on each line. Intervel Between IMMEDIATE CAUSE (Fine) Onset and Death 23 shows any injury, or other traumatic event, the disease or condition Cardiac arrest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Lymphocetic les oue to (OR AS A CONSEQUENCE OF): leukenie - nutastativ MEDICAL CERTIFICATION Sequantially liet conditione, If eny, leading to immediate cause. Enter UNDERLYING Severe chronic obstructure CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST Cardionyopath PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 YES 2 1 NO t - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF OEATH (Check only one) certificate h h the State (d, or item **EXAMINER?** L DIRECTOR: After this certificate 2 hours after death with the State 1 teem 28 is marked, or lier HOSPITAL: OTHER:
4 Nursing Home 5 Realdence 8 Other (Specify) 1 YES 2 NO t inputiant 2 - ER/Outputient 3 - DOA 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident investigation 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide datermined 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated. HOSPITAL FUNERAL (within 72 h 2 MECICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the ceuse(a) and mennar as stated. TO THE FUNERA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29L HIGHATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M.D. 035386 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) S. MARIN, M.D. 6510 KeNILLOSTH AVE Ruedale Md 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Davidson-Randall

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	SIAIE OF I	WARYLAND C	DEPAR					MENTA	REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, La								MON	E OF DEATH	v	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In	ast birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	. 13		8 BIRTHI	2:30 A M
	251-16-5317	№ M 2 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	7-11		Country	CAROLINA
œ	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY									
CTO	PRINCE GEORGE'S	HOSPITAL (CENTER		C	HEVE	RLY				PRIN	ICE G	GEORGE'S
DIRECTOR	D . C .	NTY			Y, TOWN								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COO	E			10g. CITIZ	EN OF W	1 X YES 2 NO
FUNERAL	5713 Foote S						2001	9				U	, S , A .
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	TEVER IN U.S. AI YES 2 X WAR OR DATES			II yea, sp	ecify Cube	n, Mexice	n, Puerto	N? (Specify Yea Ricen, etc.)	or No-	Specify Specify		
TED	15. DECEDENT'S E (Specify only highest gri	OUCATION ade completed)	(0	ECEDENT'S Give kind of	work done	CCUPATIO	ON st of workin	na	16	b. KIND OF BUS	INESS/IND		ACK
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	666	FARM	se retired.)					FARM			
COMPLET	2 N D 17. FATHER'S NAME (First, Middle, Last)			PART	ILIK		18, MOTH	HER'S NA	ME (First.	Middle, Maiden	Surname)		
BE C	ANTHONY WIL	LIAMS						INTE			ou, mannoy		
2	19e. INFORMANT'S NAME (Type/Print)		19				nd Number	or Rural I	Route Nun	nber, City or Town			0
	CATHERINE BROWN 5713 Foote ST.N.E WASH, D.C. 20019 20e. METHOO OF DISPOSITION 18 Burial 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelory, cremelory, cremelory												
	1 Buriel 2 Cremellon 3 Re 4 Donetlon 5 Other (Specify)	emoval from State	cemetery, cre	ematory or o	ther place)	g B	APT.	CEM	1 OA1				
	1.5 Burfal 2 Cremation 3 Removal from State Cemetery, crematory of other pigce) Ceaar Spring BAPT.CEM. 17/17McCORMICK CO, S.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY THE HOUSE OF WILLIAMS 3821 14th ST.N.W.												
	23. PART I. Enter the disesses, or heart follows		cerns/	eeth Do r									Approximate
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	(OR AS A CONSE	OUENCE OF	nya	fan	-	2 3					Onset and Death
SICIAN: MEDICAL	PART II. Other eignificant conditi	ons contributing to	death but not i	resulting i	In the un	derlylng	ceuse g	iven in	Pert I.	24a. WAS AN A PERFORI 1 YES 2	MEO?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DE	EATH (Che	ock only o	ne)			
75	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num		5 🗆 Re-	eldenca	6 🗆 Othe	or (Specify)			
у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, De	INJURY ny, Year)	28b. TIM	E OF URY M	28c, INJI WO	JRY AT RK? ES 2	NO	28d. OE	SCRIBE HOW IN	JURY OCCU	JREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	ome, larm, s	straet, fect				28f. LOC City	CATION (Street ar or Town, State)	nd Number o	or Rural Ro	ute Number,		
COMPLETED		YSICIAN: To the best of											end manner as stated.
2 2 2 2	296. SIGNATURE AND TITLE OF CENTER		D M	0			29c. LICE			<i>L</i>			Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON V	M.D 75	25 Gre	M 27) (Type,	Print)	Cer	10-	6	rec	mbels	120	20	770
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE	Rand									



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	1. DECEDENT'S NAME (First, Middle, Last)		FICATE OF DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	AQUEELAH	I. WHEA	TLEY	MONTH 1 1	DAY YE	AR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday,	IF UNDER 1 YEAR IF UNDER 24 HRS		6. B	IRTHPLACE (State or Foreign
	220- 78-3 03	1 M 2 F J YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Yelar	77	m d
TOR	90. FACILITY NAME (If not institution, give structure) EASTON MEMORI		9b. CITY, TOWN OR LOCATION OF EASTON	DEATH	9c. COUNTY	
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCATION			10d. INSIDE CITY
ā	10e. STREET AND NUMBER	Albot	Trappe			LIMITS?
VERAL	6159 OCEGN	Gateway	101. ZIP CODE	3	10g. CITIZEN	of what country?
FUN	11. MARUFAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yee, specify Cuban, Mexi	can, Puarlo Ricen, atc.)		RACE — American Indian, Black, White, etc.
ED BY	3 Widowed 4 Divorced		1 YES 2 NO Spe	city:		Specify: BIK
ᇤ	15, OECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12)		S USUAL OCCUPATION work done during most of working use retired.)	16b. KIND OF	BUSINESS/INDUST	RY
MPL	9	3	rudent .			
COM	17. FATHER'S NAME (First, Middle, Last)	11/20-1	18. MOTHER'S	AME (First, Middle, Maid	den Surname)	,
BE	19a. INFORMANT'S NAME (Type/Print)	19b, MALIN	G ADDRESS (Street end Number or Run	1 Boute Number City or	Town State State	ester
2	Cornell Wh	estley (150	(Cean Gates	ALLY TOG	PPc. md	21673
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ramov	20b. PLACE AND DATE cemetery, crematory or	OF DISPOSITION (Name of	DATE 20c.	LOCATION — City of	or Town, State
-	4 Donetion 5 Other (Specify)	Ima. Veta		Bu	elgh, hu	dockma
	· (1 00 00 00 00 00 00 00 00 00 00 00 00 0	0 7/	22. NAME AND ADDRESS OF	Henry	y Fund	wal Hone
	23. PART L Enler the diagegee, or co	mplications that caused the death. Do	310 Was	hington	5+. (0	Approximete
ERTIFICATION	disease pr condition resulting in death) Sequentially liet conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	PF):	rrhage	2	
CAL CI	PART II. Other significent conditions	contributing to deeth but not resulting	in the underlying couse given i	PERF	ORMED?	24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO
MEDIC				YES	2 NO	OF DEATH?
ż						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	26. PLACE OF DEATH (COTHER:			
70	27. MANNER OF DEATH	Inpatient 2X ER/Outpetient 3 DOA 28a. DATE OF INJURY 28b. TIN	4 Nursing Homa 5 Reeldence IE OF 28c, INJURY AT	6 Other (Specify) 28d. DESCRIBE HON	W INJURY OCCURE)
> 1	N-4	(Month, Day, Year) IN.	M 1 YES 2 NO			
PHY	Natural 5 Pending				et and Number or Ru	
ED BY PHY		28s. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	atreet, factory, offica	City or Town, Sta	ate)	ral Route Number,
PLETED BY PHY	2 Accident Investigation 3 Suicida Could not be 4 Homicide determined	bullding, etc. (Specify)		City or Town, Sta	ate)	ral Route Number,
PLETED BY PHY	2 Accident 3 Suicide Could not be determined 29a. CERTIFIER Check only	AN: To the beat of my knowledge, death occurr	ed at the time, data and place, and du	a to the cause(a) and n	nanner sa stated.	
E COMPLETED BY PHY	2 Accident 3 Suicide Could not be determined 29a. CERTIFIER Check only	bullding, etc. (Specify)	ed at the time, data and place, and du	City or Town, Sta	nanner as stated.	se(a) and manner as state
O BE COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. INTUITE AND TITLE OF CERTIFIER COUNTY ONE) 2 MEDICAL EXAMINER:	AN: To the beat of my knowledge, death occurr On the basis of axamination end/or investigate	red at the time, date and place, and du on, in my opinion, death occured at th 29c. LICENSE No O . C .	City or Town, Sta	nanner as stated. and due to the cau	
TO BE COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. INTUITE AND TITLE OF CERTIFIER COUNTY ONE) 2 MEDICAL EXAMINER:	On the basis of my knowledge, death occurr On the basis of axamination end/or investigation COMPLETED CAUSE OF DEATH (ITEM 27) (Type	ped at the time, date and place, and dupon, in my opinion, death occured at the 29c. LICENSE NO O . C .	City or Town, Sta	manner as stated. and due to the cau 29d. DATE SIGN 1 1 /	se(a) and manner as state NED (Month, Day, Year) / 15 / 1991

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
. DECEDENT'S NAME (First, Middle, Last)			i i i i i i i i i i i i i i i i i i i		2. DATE OF D	- DAY	YEAR	3. TIME OF DEATH
WILLIA	M DOVE WARF	IELD			11/1	8/1991		11:26a
social security number 219–05–2318	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Det	IRTH (Year) 1920	Countr	PLACE (State or Foreign ryland
FACILITY NAME (If not institution, give s	treet and number)	91	b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COU	NTY OF D	EATN
Howard County	General Ho	spital		Columbi	.a	Hov	vard	County
aryland Bal	timore Co.	10c. CITY, T	Elli	cott Ci	tv			10d. INSIDE CITY LIMITS? 1 YES 2 NO
. STREET AND NUMBER				f. ZIP CODE	,/	10g. CIT	IZEN OF V	NAT COUNTRY?
11 Oella Aven				21043			USA	
MARITAL STATUS Naver Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 X YES IF YES, GIVE WAR OR DAT World War TT	2 NO	If yes, sp	CENDENT OF HISPAL Hecify Cuban, Maxica 3 2 XNO Specif	n, Puerto Ricer		14. RACE Black Speci	- American Indian, Whita, atc. White
15. DECEDENT'S EDU-	CATION	6a. DECEDENT'S US			16b. KIN	D OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)	ost or working	Sta	ate High	ways	(Maintena
FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA		e, Maiden Sumame)	-	
William Ben	jamin Warfiel	ld		Es	tella	Wheeler		
. INFORMANT'S NAME (Type/Print)			ODRESS (Street	and Number or Rural	Route Number, C	City or Town, State, Zi	(p Code)	
Mrs. Ruby L. War	field			enue El				143
METNOD OF DISPOSITION	20b, I	PLACE AND DATE O				20c. LOCATION -		
Burial 2 Cremation 3 Ram Donation 5 Other (Specify)	oval from State of ce	ake View	Mem.	Park	11/21			
SIGNATURE OF FUNETIAL STRICE LIC	Haigh	t.		ND ADDRESS OF FA HT FUNER KASVILLA		E (P.O.	Box (0) -79	195) 95–1400
equentially list conditions, any, leading to immediate	a Asci	CONSEQUENCE OF):	eng	lavetu				
euse. Enter UNDERLYING AUSE (Disease or injury nat initisted events esulting in death) LAST	c. DUE TO (OR AS A C	CONSEQUENCE OF):						
ART II. Other significant condition	s contributing to death bu	t not rasulting in	tha underlyin	ng cause given in		PERFORMED? YES 2 NO	24b	. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.0	28. F	LACE OF DEATN (C	heck only one)			
1 YES 2 NO	1 Inpatient 2 ER/Outpat			ne 5 🗆 Rasidenca	6 Other (Sp	pecify)		
MANNER OF DEATH Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (IY W	JURY AT ORK? YES 2 NO	26d. DESCRI	BE HOW INJURY O	CCURED	
2 Accidant 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY - building, atc. (Specif	At home, farm, stre	eet, factory, offi	ce		ON (Street and Number own, State)	er or Rural	Route Number,
(Critical Orly)	ICIAN: To the best of my knowle							s) and manner as stata
b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NL				(Month, Day, Year)
P. Lung	P. O. V.			DA-	A I	290. 0/) /	(worth, Day, Toll)
NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TH //TEM 270 (Texts 0)	(rdint)	008	7		(/	7-71
Rote Oct 1	- ulick	2 mi	2 7	055 Ch	Zw BI	ROLE	The	McZh
I. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	-Randall						350

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	TMEN	T OF H	IEALTH DEAT	AND I	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)				-				2. DATE OF DEATH	<i>)</i> .		A THIS OF DEATH
	FRANK C.			WE	RK	HFI	1	JR.	MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. It			ER 1 YEAR	-	- /	November	-17,1	991	0023 M
	214-32-6400	1 DeM 2 F		YRS.	MONTHS	1	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign y)
			58	YHS.					9-28-19	933	Pen	nsylvania
~	9e. FACILITY NAME (If not institution, give s					Y, TOWN C			EATH	9c. COL	UNTY OF D	
0	PENINSULA GEN	NERAL HOS	PITAL			SALIS	BURY	7		1	WICOM	IICO
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,										
<u>E</u>						OR LOCAT						10d. INSIDE CITY LIMITS?
0		omico		8	XX	NOTE:	KX P	itt	sville			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CI1	TIZEN OF W	HAT COUNTRY?
4	Rt #1 Box 2	26					21	850		I	JSA	
٦	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Ve		14. RACE	- American Indian.
BY F	1 Never Married 2 Married	IF YES, GIVE V	YES 2 X	NO		If yes, spe	2 NO	n, Maxica	n, Puerto Ricen, etc.)		Bleck Specil	, White, atc.
	3 Widowed 4 Divorced						20 110	Оросп				hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed	16a. D	ECEDENT'S	USUAL	OCCUPATIO	N N		16b. KIND OF BU	SINESS/IN		III CE
E I	Elementery/Secondary (0-12)	College (1-4 or 5	-) life	Give kind of v e. Do NOT us	vork done e retired.	during mo:	st of working	g				
P	12		E	mplo	Vee				Toled	0 50	77.70	
O	17. FATHER'S NAME (First, Middle, Last)				100		18. MOTH	IER'S NA	ME (First, Middle, Maider		are	5
E	Frank C. Werk	heiser	Sr									
8	19e. INFORMANT'S NAME (Type/Print)	nerber		h 11411 INC	100000	0.00			de Marwa			
2	Myrtle B. Wer	choiger						or Rural F	Route Number, City or Tox	vn, State, Zi	ip Code)	
	20e. METHOD OF DISPOSITION	riierser				s 1(
	1 DeBurial 2 Cramation 3 Rame	oval from State	cemetery, cr	AND DATE C	her place	SITION (Na	me of		DATE 20c. LC	CATION -	City or Tov	wn, Stata
	4 Donation 5 Other (Specify)		Spri	nghi	11	Mem	Gdn		11/19	Hebr	on,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	(/		22	. NAME AN	D ADDRES	S OF FA	CILITY			
	Sund (Bul	mos		0	Ound	a p		7 77	~		
	23. FART I. Enter the diseases or				D	ounc	is r	une	ral Home	, Sa	lish	oury, Md.
	23. FART I. Enter the dieeeses, prehock, prhssrt fellure.	List Dniy Dne csu	es on each line	eath. Do n e.	ot ente	r the mod	de of dylr	ng, euci	n es cardiec or resp	iratory er	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	^			^ -	1	_	-				Onset and Death
	disesse or condition resulting in deeth)	. Ce	vou	~1 F	10	Pari	5 1	hs	edse			40 Alex
		DUE TO	(OR AS A CONSE	DURNCE OF	7:	- (1/2100
Z).										
은	Sequentisity list conditions, if sny, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE OF):				-			
S	CAUSE (Disease or Injury											
CERTIFICATION	thet initieted events	DUE TO	OR AS A CONSE	OUENCE OF):							
E	resulting in desth) LAST											
2												1
A	PART II. Other significant conditions	contributing to	death but not	resulting is	n the u	nderiying	cause gl	iven in i	Part I. 24e. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
E I									1 🗆 YES 2	NO		OF DEATH?
									_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		/_									
0	EXAMINER?	HOSPITAL:	/	T	OTHE		ACE OF DE	ATH (Che	ck only one)			
75	1 YES 2 NO	1 Inpatient 2 I		DOA	4 🗆 Nu	rsing Homa	5 🗆 Rea	Idenca	6 Other (Specify)			
P.	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, Da		26b. TIME INJU	OF	28c. INJU WOR			28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation				M	1 🗌 YI	ES 2 🗌	NO				
ED	3 Sulcida 6 Could not be	28e. PLACE OF	INJURY - At he	ma, term, at	traet, fac	tory, offica			281. LOCATION (Street	and Number	or Rural Ro	oute Number,
1	4 Homicide determined		(0,000,00)						City or Town, State)			
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	mu knewlest		4	113.21						
M	(Check only one) 2 MEDICAL EXAMINES	Con the basis of	my Knowledge, de	ath occurre	d at the	time, date a	and place,	end due	to the ceuse(a) and me	nner ee stal	ted.	
8	2 MEDICAL EXAMINER	. Or the Desig of ax	=mination ang/or	irivestigation	, In my	opinion, de	ath occure	d at the t	lime, date and piece, er	d due to th	la cause(e)	end menner as atsted.
BE	29b. SIGNATURE AND THE OF CERTIFIER	-					29c. LICEN	ISE NUM	BER MD	29d. DAT	E SIGNED/	Month, Day, Ypar)
	1	/					1)	56.	783	•	11/	12/11
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	14 020 72	D. 1. 11				· v ·		-	7 4

30. NAME AND A OPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOV 1 8 1991

32. REGISTRAR

Jedia Savidson-Randall

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		Z. Mariner S.	
			SELECTED SANCETE
White agreement	at BIVE San		
			1881

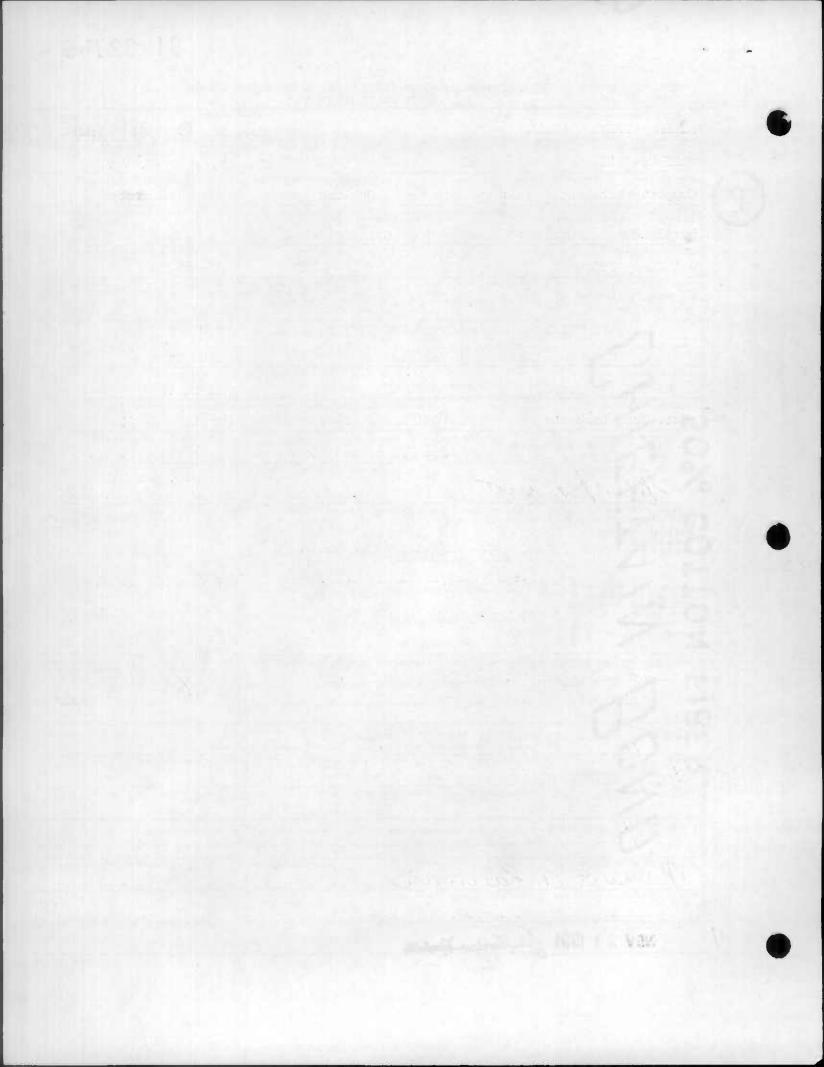
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	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
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	SNE	thi	Z

	1. DECEDENT'S NAME (First, Middle, La.	st)	LAND / DEPART CERTIFIC	CATE OF	DEATH	REG. NO		
	WALLACE M.			Wilkin	15		NAY YEA	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Fore
	216-16-7783	1 X M 2 🗆 F		MONTHS DAYS	HOURS MIN.	6-12-19]	G	Maryland
	9a. FACILITY NAME (If not institution, give	re street and number)		9b. CITY, TOWN	OR LOCATION OF I		9c. COUNTY C	-
CTOR		ENERAL HOSPIT	AL	SALI	SBURY		WIC	COMICO
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	100 CITY	TOWN OR LOCAL	101			
DIRE		omico		ttsvi1				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	0111200	1 11		. ZIP CODE		_ 40- CITITEN	1 YES 2 X NO
ERAL	RR Box 140				21850			OF WHAT COUNTRY?
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specify Ye	US s or No 14 E	ACE — American Indian.
BY F	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexic 2 NO Spec	en, Puarto Rican, atc.)	E	Black, White, atc.
	3 Widowed 4 Divorced	WW II	Army		4,5 110 0,000	.,	,	White
TED	15. DECEDENT'S E (Specify only highest gre	DUCATION ade completed)	18e. DECEDENT'S US (Give kind of wo	ork done during ma	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	Y
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use					
2	17. FATHER'S NAME (First, Middle, Last)		nighwa	y Admi		tion Stat		Maryland
S	George Wilki	ns				AME (First, Middle, Maiden	Sumame)	
20	19a. INFORMANT'S NAME (Type/Print)		19h MAILING A	INDRESS (Street -		Griffin Route Number, City or Tow		
2	Bessie Wilkin	S		as 10		noine number, City or Tox	vn, State, Zip Code)
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Re		b. PLACE AND DATE OF			DATE 20c. LC	CATION — City o	
	1.6 Buriel 2 Cremetion 3 Re 4 Oonation 5 Other (Specify)	moval from State	owellvi	Tie Ce				ille, Md
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			D ADDRESS OF F	ACILITY	OWETTA	rille, Ma
- 4	- Sould	1 Breeze	- X	Pour	d = T			
	23 ART I. Enter the diseases, o	1 4	(3)	Doull	us rune	eral Home	, Sall	sbury, M
	arock, bi fieert failur	a. List only one ceuse on	eech line.	t enter the mo	de of dying, eu	ch ee cerdlec or reep	Iratory erreat,	Approximate intervel Bets
	IMMEDIATE CAUSE (Finel disease or condition	Carl	· Aunt					Onset and I
	resulting in death)	DUE, TO (OR AS	A CONSEQUENCE OF:					MINT
2		- Gruno	1	· Sur	1 1151			VIRE
CALIC	Sequentielly liet conditions, if eny, leeding to immediate	**	A CONSEQUENCE OF	Corr				113
4	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	Y					
_ []		DUE TO (OR AS	A CONSEQUENCE OF):					
Ĭ	thet initiated evente							
EXIL	thet initiated evente resulting in deeth) LAST	d						
CERIIFI	resulting in deeth) LAST	d	but not reculting in	the underlying	ceuse given in	Part I. 24a, WAS AN	AUTOPSV	24h. WEDE AUTODOV EINE
AL CERIIFI		one contributing to deeth i	but not reculting in	the underlying	ceuse given in	PERFOR	RMED?	AVAILABLE PRIOR TO
EDICAL CERIIFI	resulting in deeth) LAST	one contributing to deeth l	but not resulting in	the underlying	ı cəuse given in		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
MEDIONE CENTIFI	resulting in deeth) LAST	one contributing to deeth (but not resulting in	the underlying	ceuse given in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
AN. MEDIOAL CENIIFI	PART II. Other significent conditions to the condition of		but not resulting in		ceuse given in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAIN, MEDICAL CERTIFI	PART II. Other significent condition	d Doe contributing to deeth if HOSPITAL: 1 Inpatient 2 ER/Out		26. PL	ACE OF DEATH (C)	PERFOR	RMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
III SICIAM, MEDICAL CENTIFI	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL:	spetient 3 (DOOA 4	26. PL DTHER: Nursing Home OF 28c. INJI	ACE OF DEATH (C)	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
THISICIAN. MEDICAL CERTIFI	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 FYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE DF INJURY (Month, Dey. Year)	Spetient 3 POOA 4	26. PL DTHER: Nursing Homo OF 28c. INJU WO M 1	ACE OF DEATH (C)	PERFORM 1 TYES 2 1 TYES 2 Peck only one) 8 Other (Specify)	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
D DT THISICIAN: MEDICAL CERTIFI	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Vatural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not by	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE DF INJURY (Month, Day, Year)	ipatient 3 (9 DOA 4 28b. TIME C INJUR	26. PL DTHER: Nursing Homo OF 28c. INJU WO M 1	ACE OF DEATH (C) 5 G Residence RRY AT	PERFORM 1 TYES 2 1 TYES 2 Peck only one) 8 Other (Specify)	NJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ELED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Vatural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE DF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	ipatient 3 (9 DOA 4 28b. TIME C INJUR	26. PL DTHER: Nursing Homo OF 28c. INJU WO M 1	ACE OF DEATH (C) 5 G Residence RRY AT	PERFOR 1 VES 2 neck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of	NJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ELED BY PHISICIAN: MEDICAL CERTIFI	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PYES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending investigation investigation determined 29a. CERTIFIER (Check only) 1 PERTIFYING PHY	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE DF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	Papellent 3 (B) DOA 4 28b. TIME C INJUR Y — At home, ferm, stre	26. PL DTHER: Nursing Hom Nor RY M 1 Y eet, fectory, office	ACE OF DEATH (C) 5 Residence 1847 1847 185 2 NO	PERFOR 1 VES 2 1 VES 2 1 VES 2 1 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street City or Town, State)	NJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
MFLEIEU BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PYES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending investigation investigation determined 29a. CERTIFIER (Check only) 1 PERTIFYING PHY	HOSPITAL: 1 Inpattent 2 ER/Out 28e. DATE DF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	Papellent 3 (B) DOA 4 28b. TIME C INJUR Y — At home, ferm, stre	26. PL DTHER: Nursing Hom Nor RY M 1 Y eet, fectory, office	ACE OF DEATH (C) 5 Residence 1847 1847 185 2 NO	PERFOR 1 VES 2 1 VES 2 1 VES 2 1 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street City or Town, State)	NJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
COMPLETED BY PRISICIAN: MEDICAL CERTIFI	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PYES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending investigation investigation determined 29a. CERTIFIER (Check only) 1 PERTIFYING PHY	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE DF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Spe	Papellent 3 (B) DOA 4 28b. TIME C INJUR Y — At home, ferm, stre	26. PL DTHER: Nursing Hom Nor RY M 1 Y eet, fectory, office	ACE OF DEATH (CF) 5 Gestdence TRY AT RK? ES 2 NO and plece, and due ath occured at the 29c. LICENSE NUI	PERFORM 1 YES 2 Peck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street and City or Town, State) 1 to the cause(s) and mar filme, date and place, and	NJURY OCCURED and Number or Rur aner se stated, and due to the ceus	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
DE COMPLETED BY PRINCIAN: MEDICAL CERTIFI	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TIDE OF CERTIFIER (Check only One) 1 MEDICAL EXAMINER	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE DF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe SICIAN: To the best of my know NER: On the basie of exemination	Y — At home, ferm, stre	26. PL DTHER: Nursing Home OF 28c. INJI WOI 1 Y eet, fectory, office at the fime, data in my opinion, de	ACE OF DEATH (C) 5 G Residence JRY AT RK? ES 2 NO and piece, and due ath occured at the	PERFORM 1 YES 2 Peck only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street and City or Town, State) 1 to the cause(s) and mar filme, date and place, and	NJURY OCCURED and Number or Rur aner se stated, and due to the ceus	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO al Route Number,
DE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation determined 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE DF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe SICIAN: To the best of my know NER: On the basie of exemination THERET AND AND THO COMPLETED CAUSE OF DE	Y — At home, ferm, strectly) and/or investigation, EATH (ITEM 27) (Type, Pr.	26. PL DTHER: Nursing Home OF 28c. INJI WOI 1	ACE OF DEATH (CF) 5 Gestdence TRY AT RK? ES 2 NO and plece, and due ath occured at the 29c. LICENSE NUI	PERFORM 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State) 1 to the cause(s) and mar filme, date and place, and MBER	NJURY OCCURED and Number or Rur anner ee stated, d due to the ceus	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO al Route Number, se(e) end mennar ee state DED (Month, Day, Year)
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. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral attention	hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	item 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner ment be
3	5	6
5	0	8

HELEN IRENE	wirtz			ICATE				MONT	of DEATH D	19,	YEAR 1991	3. TIME OF DEATH 3:00
4. SOCIAL SECURITY NUMBER 235-28-1119	5. SEX 1	6. AGE (In yrs. la	yrs.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	(Mon	OF BIRTH (h, Day, Year)	910	8. BIRTH Count W. V	
90. FACILITY NAME (If not institution,) Cuppett-Weeks N RESIDENCE OF DECEDEN	ursing Hom	e		9ь. сяту, т Оа1	klaı		ON OF D	EATH			arre	
10e. STATE 10b. CO			10c. CIT	v, town on Oakla		ION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
421 Sonny Drive						215	50			US		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. A: I YES 2 X WAR OR DATES		10)	yes, spe	cify Cubi	OF HISPA on, Maxica Specia	en, Puerto	N? (Specify Ye Rican, etc.)	or No-		E — American Indian, k, Whita, etc. White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		+)	ecedent's Give kind of the Do NOT use eache:		CUPATIO	N at of world	ing	161	Educ	atio		
17. FATHER'S NAME (First, Middle, Lass John Phillip S	·					Sar	ah C	athe	Middle, Maiden	hite		
19e. INFORMANT'S NAME (Type/Print) Mrs. Joan Lamb 20e. METHOD OF DISPOSITION	ert		21 S		Driv	<i>т</i> е	0ak1		Mary 1	and		
1 X Burial 2 Cremetion 3 4 Donation 5 Other (Specify) 21. SIGNATURE				morial	1 Ga	arde		ACILITY	Ве	ck1e	-	. Va.
23. PART i. Enter the diseases, shock or heart fall	Dr complications th	M001	eath. Do i						me - 0	ak1a	nd,	Md. 21550 Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cereb	ral Vaso	cular		den	t						Onset and De
disease or condition resulting in death) Cerebral Vascular Accident Days Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury Cerebral Vascular Accident Days Severe Peripheral and Cardiovascular Atherosclerosis Years Smoking Years												
if any, leading to immediata cause. Enter UNDERLYING			EOUENCE O	F):								Years
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	d. d. litions contributing to	O (OR AS A CONSE	rasuiting	in the und			_	Part i.	24e. WAS AF PERFO 1 YES	RMED?	7 241	D. WERE AUTOPSY FINDIN
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant cond Emphysema, M.	d. d. etastatic	o death but not	resulting CA, D	in the undivert:	icu.	Losi	S,	heck only c	PERFO 1 YES	RMED?	7 241	b. WERE AUTOPSY FINDIN AMILLABLE PRIOR TO COMPLETION OF CAUSI DF DEATH?
H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond Emphysema, M. Osteoparosis 25. WAS CASE REFERRED TO MEDIC. EXAMINER?	d. d. Contributing to the tastatic	o death but not Breast (resulting CA, D	in the und	26. PL	ACE OF S	S ,	heck only c	PERFO 1 YES	RMED?		D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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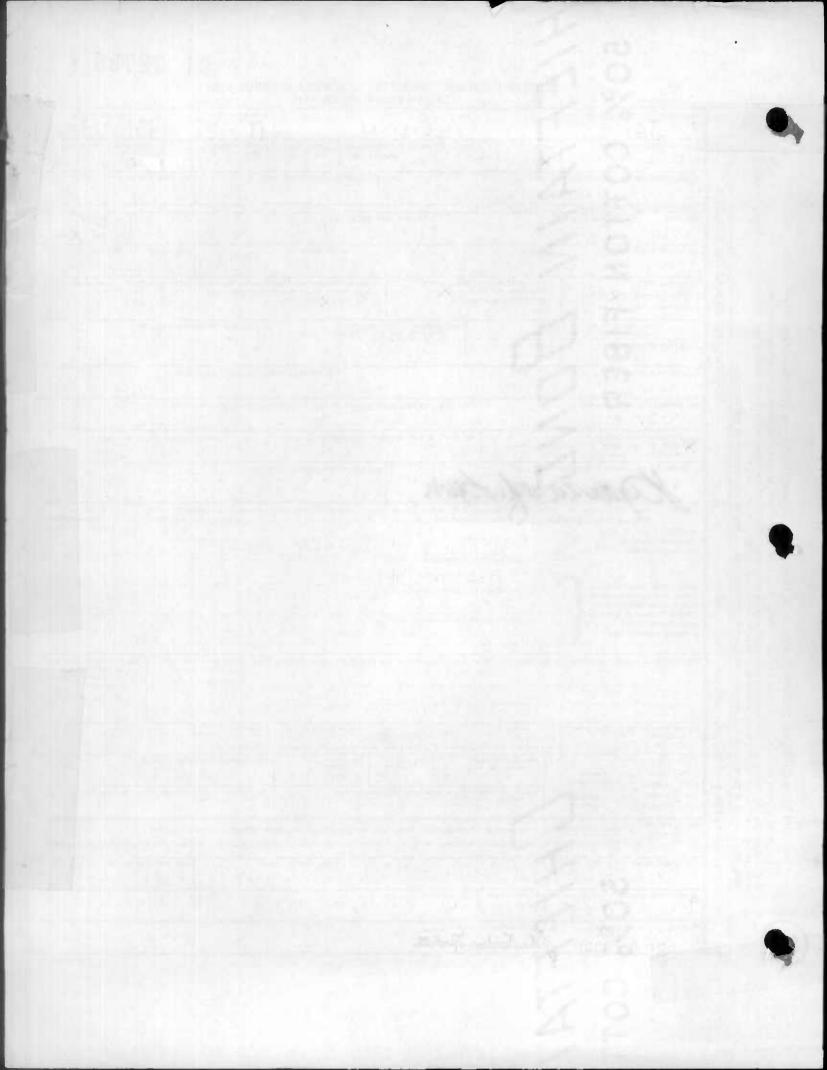
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death, Page 6 may be retained by the hospital or attending physician.	- desired	Med within 72 hours after death with the state bept, of heath and mental hygiene prior to durat, cremator, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN	be filed with	IMPORTAN

	FOR STATE REGISTRAR	A:AFS	STATE OF I		/ DEPAR					MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First,		В.	A	1618	02	J.			2. DA	TE OF DEATN 1	1/26	/91 EAR	3. TIME OF DEATH 730 PM
	4. SOCIAL SECURITY NUME 155-01-0863	BER	5. SEX	8. AGE (In yrs. 74	0 - 0	IF UNDER		IF UNDER	24 HRS. MIN.	(Mo	TE OF BIRTN onth, Day, Year) TOBER 1	1917	Countr	IPLACE (State or Foreign y) HIO
ac.	9a. FACILITY NAME (If not in			DIMAI			TOWN O	OR LOCATI	ON OF DE		IODSK I	9c. COU	NTY OF D	
DIRECTOR	HOWARD COUNT		ERAL HUS.	PITAL		COL	UPID	IA				HU	WARD	
REC	10e. STATE	10b. COUNT				Y, TOWN O		TION						10d. INSIDE CITY LIMITS?
	MARYLAND		OWARD		C	OLUME								1 TES 2 NO
FUNERAL	5047 THUNDI		L ROAD		101. ZIP CODE 21045					10g. CITIZEI			A.	
B≺		1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				1	t yes, ep			n, Puarl	GIN? (Specify Yea to Rican, atc.)	or No	14. RACI Stack	E — American Indian, k, White, atc.
8	15, DEC (Specify onl)	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	work done o	CCUPATIO	ON oat of worldi	ng	1	ISb. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		ECTRI		NGI	NEER			BEND	IX		
	17, FATHER'S NAME (First, M BENJAMIN	fiddle, Last)	AT.1	LISON				18. MOT		ME (Firs	ANNE		TTCI	7
BE	190. INFORMANT'S NAME (Type/Print)	71101	DIDON	19b. MAILING	G ADDRESS	(Street			Route No	umber, City or Tow		EITCH	1
2	MARY. J. AI	LLISON	(WIF	E)							LUMBIA			21045
	20e. METNOD OF DISPOSIT 1 Burlel 2 Crematic 4 Donetion 8 Other	on 3 🗆 Rem	oval from State	COLU	CE OF DISPO	MEMOR	me of ce	PARI	metory or	/30/	91 COL	UMBIA		
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSER	Leu	ols	22. LE	ROY	M. 8	SS OF FA	SSEI	L C. WI	ITZKE OLUME	E FUN	NERAL HOMES MD. 21045
	23/FART I. Enter that dishock, or h IMMEDIATE CAUSE (Findisesse or condition resulting in death)	aert failure.	List only one ca	R DIO	SEQUENCE O	L/4	lon	AR			ardiac or resp		reat,	Approximata Interval Between Onset and Death
ATION	Sequentially list condit If any, lasding to imma cause. Entar UNDERLY	diata	b. DUE TO	ARCION AS A CON	NO M		Si	2						
CERTIFICATION	CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	ury	c	O (OR AS A CON	SEQUENCE (DF):								
			d									-		
PHYSICIAN: MEDICAL	PART II. Other algorifica	ant condition	na contributing to	o daath but n	ot resulting	in tha un	idariyin	ig causa	given in	Part I.	24a. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED 1	TO MEDICAL				_	28 P	LACE OF I	DEATH (C)	hack only	v one)			
Sic	EXAMINER?	The state of the s	HOSPITAL:	☐ FR/Outpation	2 DOA	OTHE	R:				ther (Specify)			
H	27. MANNER OF DEATH		28e, DATE O	F INJURY	28b. TI	ME OF	28c. IN	JURY AT	- CONTROL OF THE CONT	Y	DESCRIBE HOW	INJURY O	CURED	
ВУ Р	1 Natural 5 2 Accident	Pending Investigation	[wonth,	Day, Year)	"	IJURY M		ORK? YES 2 [□ NO					
ED	a 🗆 a	Could not be determined	28e. PLACE building	OF INJURY A I, etc. (Specify)	t home, farm,	street, fact	tory, offi	ce		28f, L	OCATION (Street City or Town, State	end Numbe	or or Rural	Route Number,
COMPLET	onal		BICIAN: To the best of											
00	2 MEL			wammation end	ur urveatigat	ion, in my c	pinion,				seta end place, a			e) end manner as stated.
O BE	296. SIGNATURE AND TITL	alla	0		LAN)	29c. LIC	SENSE NU	MBER 46	,9	29d, DA	I SIGNE	26-1991
5	30. NAME AND ADDRESS C	F PERSON-WI	HO COMPLETED CAL	USE OF DEATH	(ITEM 27) (Typ	e, Print)		~	0.00		M	0. 2	10	1.0

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell



DNMN-18 Rev 1/89



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacthed for use as the burial-transf permit page 1.2 a sexual	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal,	ORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
10	10 1	be file	IMPC

	1. DECEDENT'S NAME (First, Middle, Last)				CATE OF	DEA		2. DATE	OF DEATH	DAY	YEAF	3. TIME OF DEATH
	Lydia 4. SOCIAL SECURITY NUMBER	M.	Ander		IF UNDER 1 YEAR	IF UNDER	n na une	7 DAYE	OF BIRTH	30	91	0140
	212-26-9321	1 M 2 1 F	111111111111111111111111111111111111111		MONTHS DAYS	HOURS	MIN.	10-2	21-190	8	Cou	ether (State or Fore untry) Lyland
	9a. FACILITY NAME (If not institution, give Union Memoria RESIDENCE OF DECEDENT		al .		96. CITY, TOWN							F DEATH
-	Maryland 106. COUNT			10c. CITY	, TOWN OR LOCA	TION	Balt	imor	e			10d. INSIDE CITY LIMITS? 1 X YES 2 N
	100. STREET AND NUMBER 4547 Schenley	Road			10	1. ZIP COD		1210		10g. CIT		S.A.
	11. MARITAL STATUS 12. Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	YES 2 X	ARMED NO	If yes, sp	CENDENT Concepts Cubic	in, Maxica	n, Puerto I	7 (Specify Yellow)	ns or No—	BI	ACE — American Indian leck, White, atc.
	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)	JCATION e completed) College (1-4 or 5	·)	(Give kind of wi ife. Do NOT use	usual occupation ork done during more retired.)	ost of workli		166	KIND OF BU	USINESS/IND	DUSTRY	1
	17. FATHER'S NAME (First, Middle, Last)					_			Aiddle, Meidel	n Surname)		
	Frank 19a. INFORMANT'S NAME (Type/Print)	Ward And			ADDRESS (Street &	and North	a Possi	Blar		Brown		Anders
	Mrs. Margaret Pa			4604	Schenle	ey Ro	oad	Balt	imore	, Mar	ryla	and 21210
	20. METHOD OF DISPOSITION 14. Burfal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complex). Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complex). Cremation 3 DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City											
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE (A) (A) Complications that	MOY	reland	Memoria 22. NAME AI 3631	al Pa ND ADDRE Fall	ss of fac	12/3	Park Burgee Balti	ville -Hens more,	ss F	Maryland Funeral Ho aryland 21
	4 Donation 5 Other (Specify)	complications that List only one cau	MOY	death. Do no	Memoria 22. NAME AI 3631 ot enter the mo	al Pa ND ADDRE Fall	ss of fac	12/3	Park Burgee Balti	ville -Hens more,	ss F	Maryland Tuneral Ho
	23. PART I. Enter tha diseases, or shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition	complications that List only one cau a. Publication To Due To b. Oue To	Compley, of MOY	death. Do no	Memoria 22. NAME AI 3631 Dt enter tha mo	al Pa ND ADDRE Fall	ss of fac	12/3	Park Burgee Balti	ville -Hens more,	ss F	Maryland Funeral Ho aryland 21 Approximate Interval Bat
Ш	23. PART I. Enter the diseases, or short failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	a. Pull TO	t chused that clase on each life (OR AS A CONSI	eouence of	Memoria 22. NAME AI 3631 Ot enter the mo	al Pa	SS OF FAME	12/3 Dodd	Park Burgee Balti Hac or resp	Ville -Hens more,	e, Ma SS F Ma	Maryland Funeral Ho aryland 21 Approximate Interval Bat
	23. PART I. Enter the diseases, or short failure. IMMEDIATE CAUSE (Final disease or conditions resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. Pull To b. DUE TO d	t chused that clase on each life (OR AS A CONSI	death. Do not be selected by the selected by t	Memoria 22. NAME AI 3631 Deterter the model.	al Pa	S OF FAC	1,2/3 COLLITY Foad has card	Park Burgee Balti Was Ar Perfo	Ville -Hens more,	e, Ma SS F Ma	Approximate Interval Bate Onsat and ew
	23. PART I. Enter the disease, Dr. shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST PART II. Other significant conditions.	complications that List only one cau a. PULL TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Vinpatiant 2	Compley, of MOY	death. Do not be to be t	22. NAME AI 3631 ot enter the mo	al Pand Address Fall added of dyladed of dyl	SS OF FALLS RC	Part I.	Park Burgee Balti llac or resp 24a. WAS Al PERPO 1 YES	NAUTOPSY RMED?	e, P. Ma	Approximate Interval Bate Onsat and ew
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	23. PART I. Enter the disease, Dr. shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29. ACCEPTIFIED.	CENSEE Complications than List only one cau a. PULL TO b. DUE TO c. DUE TO d	Compley, of MOY A CONSI OR AS A CO	death. Do not be a second of the land of t	22. NAME AI 3631 Dt enter the mo the underlying the underlying 28. PL OTHER: 4 Nursing Hom OF 28c. INJ INJ INJ INJ INSTALL	al Pand Address Fall and pide of dylade of dyl	SS OF FACE. S RC. Ing., such given in	Part I. Par	Park Surgee Balti llac or resp 24a. WAS Al PERFO 1 YES (Specily) CRIBE HOW NTIDN (Street Fown, State	N AUTOPSY RMED? 2 NO	2, Mass F. Mas	Approximatintarval Bations at and Electric Approximatintarval Bations at and Electric Approximation and Electric Approximation of Completion o



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THE HOSPITAL DR ATTENDI THE FUNERAL DIRECTOR: A filled within 72 hours after di

TO THE HOSPITA
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IMPORTANT: II

BALTIMORE, MARYLAND 21215-0020

BOX 68760.

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RECORDS.

OF VITAL

DIVISION

HOSPITAL DR ATTENDING PHYSICIAN:

Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last)

CERTIFICATE OF DEATH

36

REG. NO 2. DATE OF DEATH DAY

3. TIME OF DEATH 1991 10:06 A. M

STANLEY 4. SOCIAL SECURITY NUMBER 5. SEX 1 X M 2 F 214-64-5148

10b. COUNTY

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS YRS.

9b. CITY, TOWN OR LOCATION OF DEATH

11 24 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6-20-1955

9a. FACILITY NAME (If not institution, give street and number) 2026 W. FAYETTE STREET

BALTIMORE

9c. COUNTY OF DEATH

RESIDENCE OF DECEDENT

10a. STATE MD.

10c. CITY, TOWN OR LOCATION BALTIMORE

BAREFOOT

10d. INSIDE CITY LIMITS? TY YES 2 NO

10e. STREET AND NUMBER

2026 WEST FAYETTE STREET

10J. ZIP CODE 21223 10g. CITIZEN OF WHAT COUNTRY? USA.

11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Olyorced

12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 X NO Specify

14. RACE — American Indian, Black, Whita, atc. Specify: BLACK

15. DECEDENT'S EDUCATION
(Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.)

17. FATHER'S NAME (First, Middle, Last)

UNEMPLOYED

18. MOTHER'S NAME (First, Middle, Maiden Sumame)

ROSA BAREFOOT

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19a. INFORMANT'S NAME (Type/Print) ROSA BAREFOOT

2026 WEST FAYETTE STREET, BALTIMORE, MD. 21223 20b. PLACE AND OATE OF DISPOSITION (Name of OATE

20c. LOCATION -- City or Town, Stata

BALTIMORE, MARYLAND

20s. METHOD OF DISPOSITION. 1-p Burlet 2 □ Cremation 3 □ novel from State Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SERVICE LICENSES

ZION CEMETERY 22. NAME AND ADDRESS OF FACILITY

JOSEPH H. BROWN JR. FUNERAL HOME, P.A.

1913 W. BALTIMORE ST. BALTO, MD. 21223; P.O. BOX 4433 23. PART I. Enter the disesses, Dr complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest,

shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi disesse or condition recuiting in desth)

Acute Alcohol Intoxication

OUE TO (OR AS A CONSEQUENCE OF):

Sequentially liet conditions, if eny, leading to immediate ceuse. Enter UNDERLYING

OUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF)

CAUSE (Diseese or Injury thet initieted events resulting in deeth) LAST

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.

24a. WAS AN AUTOPSY PERFORMED? YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO

Approximate Interval Between

Oneet and Deeth

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO

27. MANNER OF OEATH

HOSPITAL ☐ Inpetiant 2 ☐ ER/Outpetiant 3 ☐ DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF

OTHER: 4 Nursing Home 5 Realdenca 8 Other (Specify) 28c. INJURY AT WORK?

28. PLACE OF DEATH (Check only one)

28d. OESCRIBE HOW INJURY OCCURED

1 Natural 11/23/91 Investigation 2 Accident 28e. PLACE OF INJURY — At home, larm, streat, factory, offica building, etc. (Specify) 3 Suicida 8 Could not be 4 Homicide determined

Unknow. 1 YES 2 NO

Unknown 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

196 SIGNATURE AND TITLE OF CERTIFIE

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as slated. MEDICAL EXAMINER. On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as attend.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

10. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

O.C.M.E.

11-25-1991 111 PENN STREET BALTIMORE MARYLAND 21201

DEC 2 1991

32. REGISTRAR'S SIGNATURE

La Davidson-Randell

home



BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z yours after death. Page 6 ma	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Deptr. of health and Merial Hygiene prior to burial, cremation, of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, List)	BE	CKFOR	D	2. DATE OF DE	ATH	3. TIME OF DEATH	
AAL DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	8. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24			TH 8.1	BIRTHPLACE (State or Foreign Country)	
	90. FACILITY NAME (If not institution, give s 9528 LONG LOOK LAN HOWARD			COLUMBIA		9c. COUNTY	OF DEATH	
	10a. STATE 10b. COUNTY			OWN OR LOCATION	,		10d. INSIDE CITY	
	100. STREET AND NUMBER	IC AVE	JE	10f. ZIP CODE	-6	10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 110	13. WAS DECENDENT OF HI	axican, Puarto Rican, a	cify Yea or No— 14,	RACE — American Indian, Black, White, atc.	
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE WAR OR DAT	ES 16a. DECEDENT'S US		JAMA(CAN H	SPANIC BUCK	
COMPLETE	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of world life, Do NOT use n	done during most of working				
ш	17. FATHER'S NAME (First, Middle, Last)	Beckfor	d	18. MOTHER	S NAME (First, Middle.	Maiden Syrname) AWKINS		
TO B	198. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4628 LONG LOOK LANE/ COLUMBIA, MID 21045							
	20s. AETHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata 20b.	ther place)	ON (Name of cometery, gromator	y or	NOCN	or Town, Stata No. J.	
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE S	1	WM, C.	harch F	uneral AVENUE	HOME 71202	
		complications that caused List only one cause on ea	the death. To not	enter the mode of dying,	euch es cardiac o	r respiratory srreet	Approximete Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		E CARO	10 MY OPATH	1		YRS	
NOI	Sequentially list conditions,	. HYPERTEN	Po.				YRS	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF):							
	resulting in deeth) LAST	d.						
DICAL	PART II. Other significant condition	te smoking	milel e	uphyseur		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDIC	pacemakerpli	ice ment	Zwka	30)			1 TES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		26. PLACE OF DEAT		offy)		
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 288. DATE OF INJURY (Month, Dey, Year) 286. DATE OF INJURY (Month, Dey, Year)							
0	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	imc, wy	Deputy W Howald	Co 29c. LICENS	81473	29d. DATE SI	GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WE PATRY CE A . TO			im)	WAYE	Mona	21042 NW	
	DFC 0 2 1991	32. REGISTRAR'S SIGNA Fulia Davidson	TURE					
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funeral director, the wal à filled in I cremation that the death certificate be executed to burial, attending physician prior by the attending phy and Mental Hygiene signed Health a t, of h this certificate has been with the State Dept. of arked, or item 23 sf HOSPITAL OR ATTENDING PHYSICIAN: The law After t death 10 THE FUNERAL DIRECTOR: At the filed within 72 hours after of IMPORTANT: If item 28 is

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIE	
1. DECEDENT'S NAME (First, Middle, L.	est)				2. DATE OF DEATH	
ALLEN O.	BOOKMAN				NOVEMBER	27
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In vrs. lest birthday)	IF UNDER 1 YEAR	IF LIMITER 24 HIPS	7 DATE OF BIRTH	

3. TIME OF DEATH 1991 8:55 a.m. 8. BIRTHPLACE (State or Foreign (Month. Day. Year) 1 💢 M 2 🗆 F HOURS 215-14-0684 70 YRS. 9-6-21 9e. FACILITY NAME (If not institution, give st 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1709 N. PATTERSON PARK AVENUE 21213 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 X Married It yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: ВУ Specify. 3 Widowed 4 Divorced **BLACK** COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired. Elementery/Secondary (0-12) College (1-4 or 5+) 10TH UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) OTIS BOOKMAN MINNIE BURKETT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 MARTHA BOOKMAN 1709 N. PATTERSON PARK AVE./BALTIMORE, MD 21213 20a. METHOD OF DISPOSITION
1 N Burlat 2 Cremation 3 Removal from Stata
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State GARRISON FOREST VA CEM. OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H. /1101 E. NORTH AVENUE anen 23. PART I. Enter tha diseases, of complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, Approximete ehock, or heart feilure. List only one ceuce on each line. Intervel Between IMMEDIATE CAUSE (Finel Oneet end Death disease or condition resulting in death) Pnevmm in DUE TO (OR AS A CONSEQUENCE OF) Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 2500 CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 au ce PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE TO YES TO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND Inpatient 2 - ER/Outpatient 3 - DDA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation 1 YES 2 NO 3 Sulcida 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number of Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data end pieca, and due to the cause(e) end menner se eteted. MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE S[GNED (Month, Day, Year) H 27 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ta vio DATE FILED (MONTH, Day, YEAR Y TIMO DAVIDON-1999 F 37

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAN		CERI	IFICAL	E OF	DEAL	Н	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		WELD	3. TIME OF DEATH	
	JOHN	В.	ANKS					NOVEMBE	DAY R 2.9 1	YEAR QQ1	C-20 M	
	4. SOCIAL SECURITY NUMBER	1/	. AGE (In yrs. last birtho		ER I YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreigh	
	d14-56-7513	1 M 2 🗆 F	45 YF	S. MONTH	DAYS	HOURS	MIN.	(Month, Day, Yelai	1/46	qountry)	coinin	
	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CI	TY, TOWN	OR LOCATIO	ON OF DE	ATH	9c. COUN	TY OF DE	AYH	
HC H	MARVI AND CENED	AT HOCDIE	AT	,	ATMIT	MODE	0	Tentr				
DIRECTOR	MARYLAND GENERAL HOSPITAL				SALTI	MORE	C	ITY	<u> </u>	BALTIMORE CITY		
#	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCA	TION					tod. INSIDE CITY	
	1810.					Do	114	more			YES 2 NO	
A	10e. STREET AND NUMBER	-1. 1	01		10	. ZIP CODE			10g. CITIZ	EN OF W	IAT COUNTRY?	
F	ados N. Calvert 1St.					1),5				o.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			10	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If Yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — America Black, White, stc.					- American Indian,		
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Maxican, Puarto Rican, atc.) t YES 2 Specify:					Black, Specify	- 1	
						-, (Black	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDEN	of work don	e during mo	ON ost of working	α	16b. KIND OF	BUSINESS/INDU	JSTRY		
빌	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do No	T usa retired	1. 1	. 46.	1,	(1	1 1	.)	1,	
COMPLET				C	174	PNO)	Re	1	146	001	Ker	
8	17. FATHER'S NAME (First, Middle, Last)	260.	1 2.	-11	_ /	ta. MOTH	ER'S NAI	ME (First, Middle, Male	ten Syrname)			
BE	R	ichara	y Doc	nK:	5	H	771	1a 6	Cott	-		
0	19a. INFORMANT'S NAME (Type/Print)	1.11	19b. MAII	ING ADDRE	SS (Street a	and Number	or Ruret F	loute Number, City or	Town, State, Zip	Code)		
	CHODER B	CITT	1100	me	NUM	15	t	Balto.	mD.			
	20a-METHOD OF DISPOSITION 1 Description 2 Comments 3 Ramo	val from State	20b. PLACE AND DA			ime of	,	DATE 20c.	LOCATION - C	ity or Tow	n, State	
	4 Donation S C Other (Specify)		cemetery, crematory	To other place	100	Cem	atar	12/4/11	Kal+	ma	10. MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22	NAME A	ND ADDRES	S OF FAC	LITY				
	De some	aun	00									
	23. PART I. Entar tha diseasea, or co	omplications that	award the death. I		- Ab.							
	ahock, or haart failura. L.	ist only one cause	on aach ilne.	o not ante	er tria mo	de ot dylr	ng, sucr	as cardiac or re	apiratory arre	at,	Approximata interval Batwaen	
	IMMEDIATE CAUSE (Final disease or condition	Onaet and Death							Onaet and Death			
resulting in death) METASTATIC CARCINOMA OF THE SIGMOID						DID COLON	DLON					
	DUE TO (OR AS A CONSEQUENCE OF):											
O	Sequentially list conditions, ACUTE PULMONARY AND HEPATIC FAILURE											
CERTIFICATION	It any, laading to immediate cause. Entar UNDERLYING											
음	CAUSE (Disease or Injury C.	DUE TO (OR AS A CONSEQUENCE OF):										
	that Initiated avants resulting in death) LAST	502 10 (0	DUE TO (UN AS A CONSEQUENCE OF):									
9	d											
19	PART II. Other significant conditions	contributing to di	ath but not reaulti	ng in tha u	nderlying	cause gi	lven in i	Part I. 24s. WAS	AN AUTOPSY	24b. V	VERE AUTOPSY FINDINGS	
EDICAL	PERFORM							1	WAILABLE PRIOR TO COMPLETION OF CAUSE			
								1 □ YES	2 X NO		F DEATH?	
Σ								_		1	YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL 26 PLACE OF DEATH Check on the column 1											
<u>S</u>	EXAMINER? HOSPITAL: OTHER: OTHER:											
PHYSICIAN:	27. MANNER OF DEATH	14S/Inpetlant 2 ER/Outpetlant 3 DOA 4 Nursing Homa 5 Residence 6 Other (Specify)										
	t 🔀 Natural 5 🗌 Pending	(Month Day Year)				URY AT RK?		28d. DESCRIBE HO	BE HOW INJURY OCCURED			
BY	2 Accident Investigation			м		/ES 2 🗌	NO					
	3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 5 Could not be determined 5 City or Town, State) 288. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 288. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ite Number,					
COMPLETED	- Tornello Getermine											
4	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of m	knowledge, death occ	urred at the	time, data	and place,	and dua 1	to the cause(a) and r	nanner as stated	1.		
O	one) 2 MEDICAL EXAMINER	On the basis of exam	nination and/or investig	etlon, in my	opinion, d	eath occure	d at the t	lme, data and placa,	and dua to the	Cause(a) a	and manner as stated.	
	299. SIGNATURE AND TITLE OF CENTIFIER	63										
29c. LICENSE NUMBER 15 25 3 29c. LICENSE NUMBER 15 25 5							individual (months, bull, tour)					
						1/2 11	144	.71				
GENERAL HOSPIT							PITAL.	TAI.				
31. DATE FILED (MONTH), Day, Year) 12. REPISTRAR'S SIGNAURICAN MARYLAND 13. DATE FILED (MONTH), Day, Year) 13. DATE FILED (MONTH), Day, Year)												
	DEC 0 2 1991	John Davids	n-pandall								16-	



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

s after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

BOX 68760, 0 0

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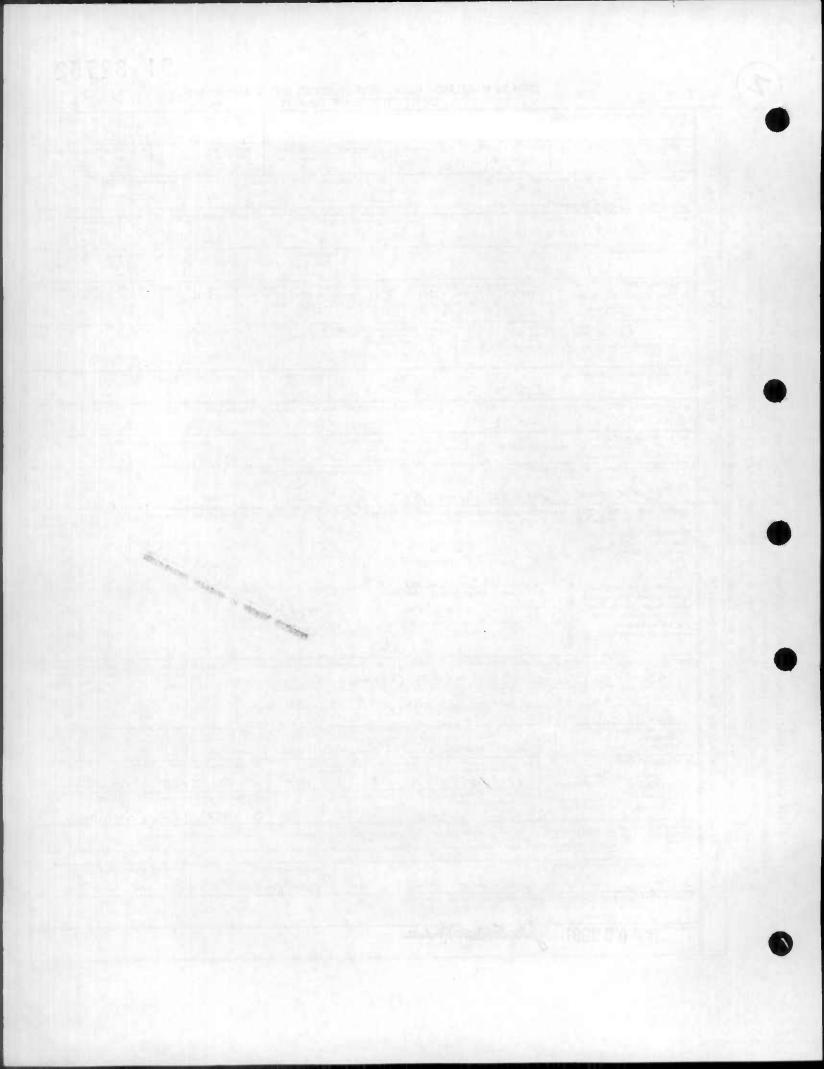
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR Nancy C. Butler 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last bictiday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F MONTHS DAYS HOURS 52 241 60 9226 YRS 2/6/1939 North Carolina 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 University Hospital Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore permit. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 516 Maude Avenue 21225 U.S.A. or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—ti yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 N NO Specify 14. RACE — American Indian, Black, White, etc. AND 21215-0020 1 Never Merried 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY the t 3 Widowed 4 X Olvorced White SS ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY nse Elementery/Secondery (0-12) 12th Grade 10 College (1-4 or 5+) COMPL detached Seamstress London Fog Factory once. 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Maiden Surname) at Brison Locklear Marion Hunt. BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 2 page 5 s Pam Thompson 2040 Derring Avenue Baltimore, Maryland 21230 BALTIMORE. pe 20e. METHOD OF DISPOSITION
1 ☆ Buriel 2 ☐ Cremetton 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Buriel 2 Cremetion 3 L 4 Donation 5 Other (Specify) Memorial Park | 11/29 Glen Burnie, Maryland Glen Haven examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. George J. Gonce Funeral Home P.A. Lecome meun 4001 Ritchie Hwy. Baltimore, Md. medical 23. PART I. Enter the diseeeee, or complications that ceused the death. Do not enter the mode of dying, such ea cerdiec or reepiratory errest, Approximete shock, or heert fellure. List only one ceuse on each line. Out to a server to the Carlo intervel Between IMMEDIATE CAUSE (Finel Onaet end Deeth the dieeese or condition resulting in deeth) and completely bunal, crematic · CARDIO-RESPIRATORY ARREST event. DUE TO (OR AS A CONSEQUENCE OF): b. SUBDURAL HE AMTOMA

DUE TO (OR AS A CONSEQUENCE OF): traumatic NO Sequentielly list conditions if any, leading to immediate physician CERTIFICATI prior cause, Enter UNDERLYING FALL ACCIDENT CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE DE): thet initieted evente signed by the attending I Health and Mental Hydien reculting in deeth) LAST 10 injury. PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ABDOMINAL WOUND INFECTION - GASTROSTONY AREA DENTONNELLY any AVAILABLE PRIOR TO COMPLETION OF CAUSE been sign tt. of Healt shows a DE DEATH? FRONTAL CONTUSION UNCAL HERNIATION 1 YES 2 NO has be Dept. 23 si PNEUMONIA -TREATED PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h Item EXAMINER? HOSPITAL:
1 Sinpetient 2 ER/Outpetient 3 DOA OTHER: the 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF INJURY After this ce death with the s marked, this c 28c. INJURY AT WDRK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 10 1919 1 YES 2. NO FELL FROM STAIRS BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 ED 6 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 datermined HOME-516 MALDE SU BALTHON CUT ET Item OR 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end place, end due to the ceuse(e) end menner se steted. COMPL -TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Acquired Cogaria, M.D. - Cuili cal
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D - Culi cal Core Fellow 04/284 11/26/01 2

PERECIPIENT ISIGNATIVE THE ALLE

31. DATE FILED (MONIO 02 161991



IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

REGISTRAR		CERTI	FICATE O	F DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Li					2. DATE OF DEAT	Н	3. TIME OF DEATH	
Frederi	ck T. Baue	rnschub			1 2	01 9	1 4:00	
4. SOCIAL SECURITY NUMBER 213-05-4996	1× M 2 F	83 YRS.	MONTHS DAY		7. DATE OF BIRTH	8)	BIRTHPLACE (State or Foreign Country) Maryland	
90. FACILITY NAME (If not institution, gi	Ext.Care-H	eartlan	96. CITY, TOW	n or location of licott	OEATH City		y of DEATH DWard	
RESIDENCE OF DECEDENT	N. Par							
Maryland	Howard	10c, C	Elli	cott Ci	ty	У		
10. STREET AND NUMBER 3004 North	n Ridge Roa	ıd		21043			EN OF WHAT COUNTRY?	
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yea,	BECENDENT OF HISPA Specify Cuben, Mexic ES 2 X NO Speci	ANIC ORIGIN? (Specify cen, Puerto Ricen, etc. city:	Yes or No— 1	4. RACE — American Indian, Bleck, White, etc. Specify: White	
15. DECEDENT'S E (Specify only highest gi	DUCATION and completed	18e. DECEDENT	S USUAL OCCUPA	TION	16b. KIND OF	BUSINESS/INDUS		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Martin Ballorr	College (1-4 or 5+)	Busi	work done during use retired.) ness 0	most of working Wner		tail		
17. FATHER'S NAME (First, Middle, Last) Martin Bauerr	schub			18. MOTHER'S N	AME (First, Middle, Mai Alice			
190. INFORMANT'S NAME (Type/Frint) Mr. Dennis M.	Bauernschu	19b. MAILIN	roadle	et and Number or Rura	Route Number, City or Balto, N	Mullane Town, State, Zip Co	ade)	
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	emoval from State	20b. PLACE AND OATI	E OF DISPOSITION	(Name of		LOCATION - CH	ly or Town State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Green M	22. NAME	AND ADDRESS OF E	ACILITY			
Mute 2	1. Landite	-Maso II	736	Edmond	saton Fu	neral	Home, Inc	
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	s. Royalo Due to (OR A	S A CONSEQUENCE	Homo	rely &	uchast	the	Interval Batw Onaet and D	
Sequentially list conditions, if sny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST	· Wilen	S A CONSEQUENCE OF S A CONSEQUENCE	wis	1	-			
	· fless	ave	an	und	0			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ons contributing to deat	but not resulting	In the underly	ing cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			00	DI ACE OF BEATH O	hook only o			
EXAMINER?	HOSPITAL:	estantiant 2 - non	OTHER!	PLACE OF DEATH (C				
27. MANNER OF DEATH	28e. DATE OF INJUR			NJURY AT	8 Other (Specify) 28d. DE\$CRIBE HO	W IN HIPV OCCU	250	
	(Month, Day, Yea		JURY V	YORK?	200. DESCRIBE NO	W INJORY OCCUP	ED	
							Rural Route Number,	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	/SICIAN: To the best of my kn							
	3							
Munuoles &	ugie los			29c. LICENSE NU	790	29d. DATE S	IGNED (Month, Day, Yber)	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)	1000	100	14	177	
DEC 02 1991	gute TO ELANDER	siffandess						

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HEALTH	AND ME	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, L	2.			2.	DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH 5:50 AM		
	4. SOCIAL SECURITY NUMBER 2/4-20-2798	1 🗆 M 2 🗡 F	86 YRS. MO	NTHS DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign		
TOR	Pikesville Col	nval. Center	98	Pikes	ON OF DEATH	н	9c. COUNTY OF Balti	more County		
DIRECTOR		altimore	OWN OR LOCATION Pikesv	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	7 Sudbrook Rd)8			10g. CITIZEN OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Naver Married 2 Married 3 Naver Married 4 Divorced	N U.S. ARMED 2 NO ATES	13. WAS DECENDENT If yes, specify Cub. 1 YES 2 NO	an, Mexican, P	Bla	CE — American Indien, ck, White, atc.				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18. KIND OF BUSINESS. (Give kind of work done during most of working 18. NOTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maidle, Maidle, Surnam 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18. KIND OF BUSINESS. 18. MOTHER'S NAME (First, Middle, Maidle, Surnam 18. MOTHER'S NAME (First, Middle, Maidle, Surnam										
BE CO	17. FATHER'S NAME (First, Middle, Last James Larkins)		C	arrie	(First, Middle, Maiden Whitman				
5	Mrs. Diane We:		46 Olm	sted Green	or or Rural Route	t Balto.,	Md. 2	1210		
	20a, METHOD OF DISPOSITION 10 Burlal 2 Cremetion 3 1 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		PLACE AND DATE OF D	ble Faith Cem		/30/91 Ba		Town, State		
		Querere >6	ME	22. NAME AND ADDRES		Fral Home Rd. Balt		21236		
HIIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Bue to low as a consequence or: Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIF	CAUSE (Diseese or injury that initiated events reculting in death) LAST	d.	CONSEQUENCE OF):	_						
AN: MEDICAL	PART II. Other significant condi		ut not resulting in th	e underlying cause	given in Peri	1 I. 24a, WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	28. PLACE OF D MER: Nursing Home 5 - Ra						
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME OF	28c. INJURY AT WORK? M 1 XES 2		d. DESCRIBE HOW IN	JURY OCCURED			
EIED	3 Suicide 8 Could not determined	d building, etc. (Spec				t. LOCATION (Street as City or Town, State)		Route Number,		
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHONE (Check only one) 2 MEDICAL EXAM	HYSICIAN: To the best of my knowl	ledga, death occurred at n end/or investigation, in	the time, date and place my opinion, death occur	, end due to the	he cause(e) end men o, date and place, and	ner se ateted. I dua to the cause	s) and manner es stated.		
2 2	29b. SIGNATURE AND TITLE OF CERTI	0 13 1	chan	My)	ENSE NUMBER	080	29d. DATE SIGNE	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON Dr. Howard Coh	en 6717 Park	Heights Av	re. Balto.	Md.	(764-6	764)			
	31. DATE FILED (Month, Day, Year)	1991 Julie D		1				DM&H-18 Rev. 1/80		

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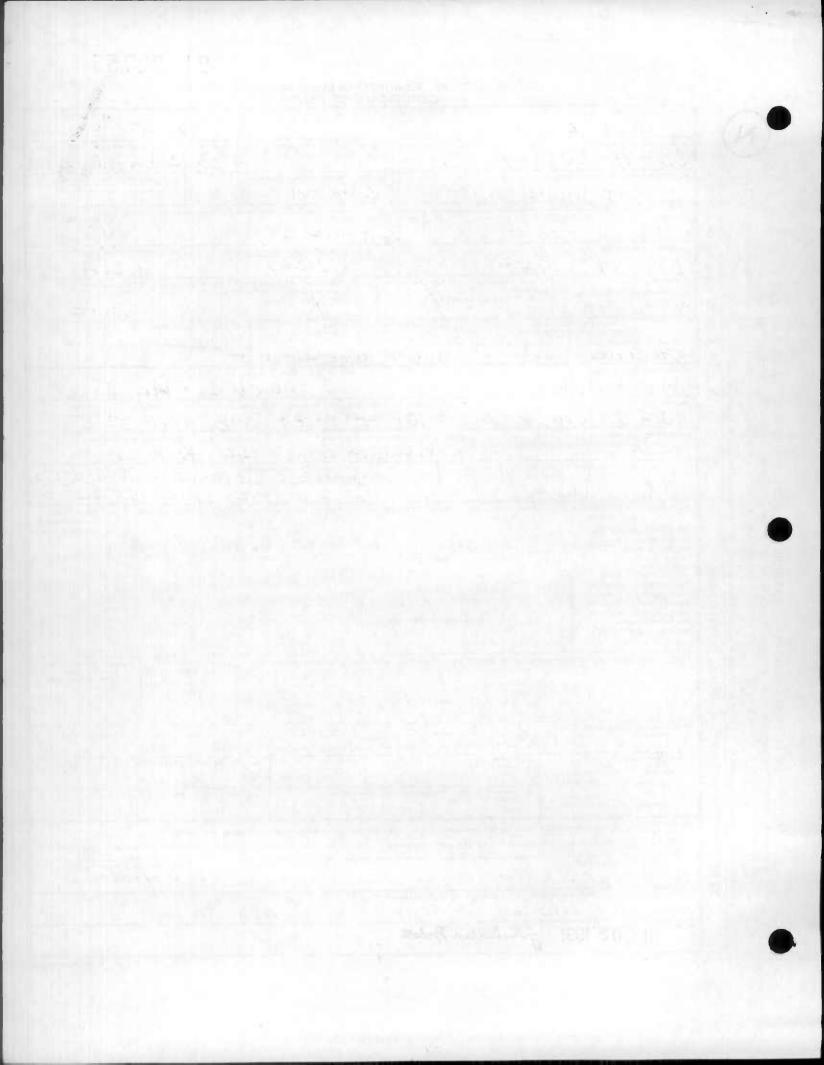
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020	princate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ng physician and completely filled in by the funeral director, page 5 should be detached for use as the burtakransit p giene prior to burial, cremation, or removal.
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BALLIMORE, MARYLAND 21215-0020	death.	funeral
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		REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.			
		1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATH		
N		LILLIAN A.	BUCHNER				MONTH	28 C	YEAR 5:55 PM		
		4. SOCIAL SECURITY NUMBER 537-128-1350	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Pay,	тн	8. BIRTHPLACE (State or Foreign Country)		
2, 3 should	TOR	90. FACILITY NAME (If not institution, give s St. AGNES HOSP	reet and number)		Ba Ho.		- 0/-		TY OF DEATH		
	E	RESIDENCE-OF DECEDENT 10a. STATE 10b. COUNT	,	10c CITY	TOWN OR LOCAT	1041					
permit. Pages	L DIRECTOR	MD			altimo		Y		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
is:	NERAL	109 14th	Trect		101.	ZIP CODE	5	10g. CITIZ	I, S. A		
-0020 ding physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 00	13. WAS DECI If yes, spe 1 YES	cify Cuban, Maxic	NIC ORIGIN? (Spe en, Puarto Rican, a lly:	cify Yas or No—	14. RACE — American Indian, Black, Whita, atc. Specify:		
r attending use as the	8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S U	SUAL OCCUPATIO	N st of wasting	16b, KIND	OF BUSINESS/INDU			
D 2 spital o	COMPLET	Elamentery/Secondary (0-12) 5 th Grade.	College (1-4 or 5+)	ALISING	retired.)	: 14-HEU	42+ -				
AND the hospit detached	Ö	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle,	Maiden Surname)			
\$ 6 6 ×	BE	Albert Mille	r	19h MAII ING A	DODESS (Street or	- Ma	ucl L	- FA	Facq		
be re	2	Mary C. Geba	uv	109	Kyth <	treet	Balto.	or Town, State, Ziph	21225		
OF me e of m		20a. METHOD OF BISPOSITION 1 Burlel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)		b. PLACE AND DATE OF	er nlece)	me of	DATE 2	B. HO	Ity or Town, Stata		
BALTIMOF er death. Page 6 m the funeral director, val.		21. SIGNATURE OF FUNERAL SERVICE LIK	ENSEE			DADDRESS OF F	STEVE	N Fine	ral Home Ira		
ic af		23. PART I. Enter the diseasea, or cahock, or heart failure	omplications that cause	d the death. Do not	t enter the mod	e of dving en	h se cardiso ne	SAltz. 1	MD, 21230		
24 hour		ahock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	END-STA	AGE CHRU					Onset and Death		
executed n and corr to bunial,	ATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING									
P.O. Eth certifical ending phy all Hygiene prother	ERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST C DUE TO (OR AS A CONSEQUENCE OF): d									
the death the attend the attend d Mental	CC	PART II. Other significant condition	contributing to death t	out not resulting in	the underlying	cause given in	Part i 24a V	AS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS		
RECOR requires that peen signed by of Health an	: MEDICAL				,,,		P	ERFORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
ITAL V. The law cate has the State Dept Item 23	AN	25. WAS CASE REFERRED TO MEDICAL	,		26 01 4	CE OF DEATH (C)	and anti-				
VITA	SICI	EXAMINER? 1 VES 2 NO	HOSPITAL:		THER:						
SICIA Centif	PHY	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME (OF 28c, INJU		6 Other (Special	Y) HOW INJURY OCCU	IRED		
NG PHYS fter this eath with marked	BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 V	K? ES 2 NO			The D		
TSIC TTENDI TTOR: A after d	ETED	3 Suicida 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, tarm, stre	et, fectory, offica		281. LOCATION (City or Town,	Street and Number of State)	Rural Route Number,		
	COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINES	IAN: To the best of my know : On the basis of sxaminstio	riadga, death occurred in and/or investigation,	at the time, data a	and place, and due	to the cause(a) at	ed manner sa atated	i. cause(s) and <i>m</i> annar as stated.		
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: It	ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			SIGNED (Month, Day, Year)		
	0	Carminia E. Da				128/91					
5		CARMINIA E. DAY	IDSOHN S.			900 0	ATON A	E RALT	O. MO 21229		
		DEC 02 1991	FINA NAMASON	ATUMANDALL.				-,0 (01) (0)	,,,,,,		



		FOR
1	-	STATE
•		REGISTRAR

1 - STATE REGISTRAR		OIMIL OF	CI		ICATE				REG. NO			
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
Raymond	1	, C1:	ingman						November	28,	1991	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (in yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	2.0 9	6. BIRTH	IPLACE (State or Foreign
217-03-1673	3	1 🖾 M 2 🗌 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	March 7,	1900	Count	vland
9a. FACILITY NAME (if not	nstitution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATION	ON OF DE			NTY OF D	3
1322 Dill		ghts Aver	nue			Cat	onsv	ille				imore
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
1322 Dillon Heights Avenue RESIDENCE OF DECEDENT 10a. STATE Maryland Baltimore					Cato	onsvi	1110				LIMITS?	
						-	. ZIP CODI			10o. CIT	IZEN OF V	VHAT COUNTRY?
10e. STREET AND NUMBER 1322. Dillon Heights Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVEL FORCES? 1 1 1							2	1228		1		5.A.
11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S. AF	ARMED 13. WAS DECENDENT OF HISPANIC				HC ORIGIN? (Specity Y	a or No-	14. RACI	- American Indian	
1 Never Married 2 Married FORCES? 1 YES 2 XN IF YES, GIVE WAR OR DATES				NO	If yes, specify Cuban, Maxican, Puarlo Rican, atc. 1 YES 2 X NO Specify:						Spec	c, White, atc.
15. DE	EDENT'S EDU	CATION	16a. DE	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BI	JSINESS/INI	DUSTRY	
Elementary/Secondary	ly highest grade 0-12)	College (1-4 or 5	(G life	ive kind of Do NOT u	work done d se retired.)	luring mo	st of working	ng				
4th Grade	,			Past	euriz	er			Clover	and I	Dairy	7
17. FATHER'S NAME (First, I	fiddle, Last)						16. MOTI	HER'S NA	ME (First, Middle, Malde	_		
George 19a. INFORMANT'S NAME		Cling					Lur	a De	lker			
Mrs. Mary		irn			John				Route Number, City or To Baltimon			1207
20a. METHOD OF DISPOSIT		oval from Stata	20b. PLACE			TION /Na	me of			OCATION —	City or To	wn, Stata
4 Donation 5 Othe			Woo	dlaw	n Cem	ete	ry		11/30 Woo	dlaw	n, Ma	aryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	7	12	22. N	NAME AN	D ADDRES	SS OF FA	Funeral Di	rect	are	Tnc
1 Xto-	aha	_m L	tout	Z'			-		Road Rand		-	
23. PART I. Enter the	Iseasas, or	complications the	t caused the de	eath. Do								Approximate
shock, or heart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):												
Sequantially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or lin) that initiated events resulting in death) LAS	ediata ING ury	c H	OR AS A CONSE UNDER OR AS A CONSE USE	leli	000 Pi:	and	le	bde	mina	Ja	ve	formi
PART II. Other signific	ant condition	s contributing to	daath but not i	rasulting	In the un	darlying	g cause (given in	Part I. 24a. WAS A PERFO	N AUTOPSY DRMED? 2 NO	240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED :	EDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)			
1 TES NO			ER/Outpetlant 3	B DOA	OTHER		• 5 R	aldenca	6 Other (Specify)			
	Pending	28a. DATE OF		28b. TIN	IE OF JURY M		URY AT	NO	26d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident 3 Suicida 6 4 Homicide	Investigation Could not be datarmined	28a. PLACE (building.	OF INJURY — At he atc. (Specify)	ome, term,	street, facto				261. LOCATION (Street City or Town, State	and Number	r or Rural I	Route Number,
									to the cause(a) and mo) and manner as stated.
29b. SIGNATURE AND TITLE							-	INSE NU				
	+. K	aloof	2	HP			18	151	12	▶	29	1797
Dr. Tah		- 11				ad	Rano	dall	stown, MD	211:	33	
31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE	No								

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first early. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burst be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE OF	DEATH	4	REG. NO	_		
	1. OECEOENT'S NAME (First, Middle, Last)				TOATE OF	DEATT		DATE OF OEATH		3. TIME OF OEATH	
	CRAIG, JOHN N.	Henry						MONTH D	AY	YEAR 94:00 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at hirthriay)	IF UNDER 1 YEAR	IF UNDER 24	une 7	DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
	MONTHS DAYS HOURS MIN. (Month, Day, Year)							Country)			
	9e. FACILITY NAME (If not institution, give s	street and number)	82		9h CITY TOWN	OR LOCATION	OF OF ATT	8/22/19	7	Michigan	
E E	St. Country of Scalin										
5	CHURCH HOSPITA	L CORPO	RATION		BALTI	MORE	CITY	Υ			
DIRECTOR	10e, STATE 10b, COUNT	Y		10c. CI1	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
	Md.			Ba	ltimore	. Ci	t.v			LIMITS?	
AL	10e. STREET AND NUMBER					. ZIP COOE			10g. CITIZ	EN OF WHAT COUNTRY?	
IER	155 N. Ellwood	1 Ave.				2.1	224		IT	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AR	MEO	13. WAS OEG	ENOENT OF I	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE — American Indian	
ВУ	1 .ever Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		40	1 YES		Mexicen, P Specify:	uerto Ricen, etc.)		Bleck, White, etc. Specify:	
										Cauc.	
ETED	15. OECEOENT'S EOU (Specify only highest grade	completed)	(Gi	ive kind of	Work done during me	ON est of working		166. KIND OF BUS	SINESS/INO	USTRY	
1	Elementery/Secondery (0-12) Unk.	College (1-4 or 5 -	+)		se retired.)						
COMPL		Unk.	P	011	ceman			Govern			
	17. FATHER'S NAME (First, Middle, Last) JOHN H. LOTZ							(First, Middle, Malden	Surneme)		
BE		Henry Cra				Phoe	ebe	Plain			
2	190. INFORMANT'S NAME (Type/Print) LINDA LOTZ							Number, City or Tow.			
	LINDA LOTZ			133	Lyndal	e Ave	2.	Baltimo	re,	Md. 21236	
	1 Buriel 2 Cremetion 3 Rem	oval from State	cometers, over	metory of o	of disposition (Na Large) Cem	me of		DATE 20c. LO			
	4 Donation 5 Other (Specify)	THEE	1 4011	у н:			1	1/30 Ba	ltim	ore, Md.	
		100	0	(/		ID ADORESS		2010	E. Ba	ltimore St.	
	Comand!	Clero	wills	X	B. Dal	orowsk	i Jr	. Baltin	more,	Md. 21224	
	23. PART i. Enter the diseases, or a shock, or heart failure.	omplications that	t caused the de	ath. Do i	not enter the mo	de of dying	, such as	cardiac or reapi	ratory arre	est, Approximata	
	IMMEDIATE CAUSE (Final	ciat only ona cau	se on aagnina	•						interval Batween Onsat and Daath	
	disease or condition reaulting in death)	. Termi	inal C	elo	h Cam	cer					
	The state of the s	OUE TO	(OR AS A CONSEC	DUENCE O	F):						
Z	Samuelatha Hat and the	b									
CERTIFICATION	Sequantially list conditions, if any, laading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
1	that initiated evants	OUE TO	(OR AS A CONSEC	DUENCE OF	F):						
#	Constitution of the control of the c	d									
	PART II. Other significant condition	s contributing to	death but not re	esulting	in the underiving	Cause give	en in Par	i. 24a, WAS AN	ALITOPSY	24b, WERE AUTOPSY FINDINGS	
DICAL	Arteriosclero							PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED						100		1 TYES 2	NO	OF DEATH?	
2										1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			-	26 01	ACE OF OEAT	H (Charle	unti one)			
200	EXAMINER?	HOSPITAL:	EDIO-1-11-1		OTHER:						
H	27. MANNER OF CEATH	28e, DATE OF	INJURY	28b. TIM	4 Nursing Hom						
	1 Natural 5 Pending	(Month, Da	ay, Year)		URY WO	RK?		1. OESCRIBE HOW II	IJUNT OCCI	THEO	
ВУ	2 Accident Investigation 3 Suicide	28e, PLACE Of	F INJURY — At hor	ne. ferm	street, fectory, office			LOCATION (Comme		or Rural Route Number,	
	4 Homicide 8 Could not be determined	building,	etc. (Specify)	,	- coot, rectory, office		200	City or Town, State)	na Number c	r Hural Houte Number,	
COMPLETED	290. CERTIFIER			-							
M M		CIAN: To the best of									
8			remination end/or in	nvestigatio	n, in my opinion, d	eath occured	at the time	, date end piece, end	due to the	ceuse(e) end menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	att	4.4.4			29c. LICENS	E NUMBER	b.edfe-	29d. OATE	SIGNEO (Month, Ony, Year)	
0	Japan al-	ula	Turo	7		N 3	112	.5	> 11	127/9/	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH (ITEM	27) (Type,	Print)		1 1	1	1 0	1/5	
	Janah It.	11-17	11/tK	MI), Ch	urcl	1 H	ospital	, Ba	Himere MD.	
	31. OATE FILEO (Month, Oay, Yeer)	32. REGISTRAI	R'S SIGNATURE		-			,	1		



OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

BOX 68760, DIVISION OF VITAL RECORDS, P.O.

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THE THORT AND THE POWER THE STOCKEN THE LAW TRYGUES WHAT WE WANTED WITH A PROBLEM STREET GRAIN. PAGE & MAY BE RETAINED BY THE HOSPITAL OF ATTENDING PHYSICIAN.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 3 elied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
3	FUN	TAN
2	HE	ORT
5	O T	d.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOVEMBER 29,1991 THELMA MARIE CROZIER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fornian AUGUST 11,1910 1 M 2 XX DAYS HOURS PENNSYLVANIA 81 140-12-4826 D 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LORIEN NURSING HOME COLUMBIA HOWARD RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY NEW JERSEY CAMDEN CLEMENTON 1 YES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14 E. UNITED STATES AVENUE 21081 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Maxicen, Puerto Rican, etc.)

1 YES XX NO Specify: 14. RACE — American Indian, Bleck, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3℃ Widowed 4 □ Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest 186. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAMUEL G. CROZIER (SON) 5245 OPEN WINDOW COLUMBIA, MARYLAND 21044 20a. METHOD OF DISPOSITION
1X Purial 2 ☐ Cremetion 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State ☐ Donation 5 ☐ Other (Specify) HARLEY CEMETERY 12/3/91 CAMDEN, NEW JERSEY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 23. WHIT L Error the diseases, or complications, pr heart fallure. List poly on that clued the deeth. Do not enter the mode of dying, such as cardiec or respiratory street, one cause on each line. Approximete Intervai Between IMMEDIATE CAUSE (Finsi Onset end Deeth disease or condition resulting in death) ne tus tales 1 car DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident investigation 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as attend. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 315 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)



KULODRUB

32. REGISTRAR'S SIGNATURE Davidson

31. DATE FILED (Month, Day, Market

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IM

9	1-7020-510 Item: 1- FOR STATE REGISTRAR	23 part I STATE OF MAR	YLAND / DE	PARTMEN	I TO TV	/10/92 HEALTH A DEATH	ND M	ENTAL HYGIEN	lE .	. 13		
	1. DECEDENT'S NAME (First, Middle, Lest) VAUGHN		CREN	NING	H			2. DATE OF DEATH	8 1	YEAR 9 9 1	3. TIME OF DEATH	Α.
	4. SOCIAL SECURITY NUMBER 212-38-2283	1XXM 2 □ F	GE (in yrs. last birth	day) IF UND MONTHS	ER 1 YEAR	HOURS B	100	7. DATE OF BIRTH (Month, Day, Year) NOV. 12,19	939	Countr	PLACE (State or Forei	
TOR	90. FACILITY NAME (If not institution, give str ST.AGNES HOS	PITAL			TY, TOWN	OR LOCATION MORE	OF DEA	тн	9c. COU	NTY OF D	EATH	
DIRECTOR	10e. STATE 10b. COUNTY	LTIMORE	100	CA		VILLE					10d. INSIDE CITY LIMITS? 1 YES XX NO	10
FUNERAL	100. STREET AND NUMBER 5 N. ROLLING R	OAD			10	2122	8			ZEN OF W	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nicolar Merried 4 Divorced	ER IN U.S. ARMED VES 2X XNO OR DATES	2) NO If yes, specify Cubso, Mexico				ORIGIN? (Specify Ye Puerto Ricen, etc.)	o or No—	14. RACE	— American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementery/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e. DECEDE (Give kin life. Do N	d of work don OT use restind	e during m	ON ost of working	Ī	166. KIND OF BU				
BE CON	17. FATHER'S NAME (First, Middle, Lest) VAUGHN CRENNING						'S NAMI	E (First, Middle, Maiden	Sumame)			
TO E	196. MAILING ADDRESS (Street end Number of Rural Route Number, City or Yown, State, Zip Code) 2 MONMOUTH ROAD CATONSVILLE, MD 21228											
	20a METHOD OF DISPOSITION 1A Duriel 2 Cremetion 3 Remov 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE AND DI cemetery, crematory WOODLAWN	CEME	TERY	ND ADDRESS (OF FACIL	02/91 WOO		, MAR	YLAND	
	23. PART I. Enter the diseases, or co shock, or heart fellurs. L IMMEDIATE CAUSE (Final	omplications that cause of ist only one cause of	n sach lins.	Do not ente	630 :	EDMOND:	SON	SELL C. W AVENUE, C.	ATONS	VILL	Approximate interval Baty	28 ween
	disesse or condition resulting in death)	CARPON DUE TO (OR	Smoke MONO AS A CONSEQUENCE	are	at lor	DXICA	101	J			Onset and D	JSWIT
ERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	AS A CONSEQUENC	CE OF):								
ERTIFI	that initisted evants resulting in dasth) LAST	DUE TO (OR A	AS A CONSEQUENC	CE OF):								
MEDICAL C	PART II. Other significent conditions	contributing to dest	h but not result	ing in ths u	inderlyln	g cause givs	n in Pa	240. WAS AN PERFOR	RMED?	246.	WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	USE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEAT	H (Check	conly one)				
PHYSI		28e. DATE OF INJU-	RY 28b.	OTHE 4 Nu	28c. INJ			Other (Specify)	NJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		- 1991 4:20 A ^M 1 VES 2X NO NJURY — At home, ferm, street, fectory, office . (Specify)				-	VICTIM OF HOUSE FIRE 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	290. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINER:	AN: To the beef of my ki	nowledge, death oc	Curred at the	fime, date	end place, end	due to	N . ROLL . the cause(s) and mer	nner ee etete	ıd.		ed.
O BE C	294 SIGNATURE AND TITLE OF CERPONER	elle A	7 rd			29c. LICENSE	NUMBI	ER	29d. DATE	SIGNED	(Month, Day, Year)	

JRMD 1
32. REGISTRAR'S SIGNATURE

DEC 0 2 1991



DHMH-16 Rev 1/89

PENN STREET BALTIMORE MARYLAND 21201

	s 1, 2, 3 should		
	. Page		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any solar feedah. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

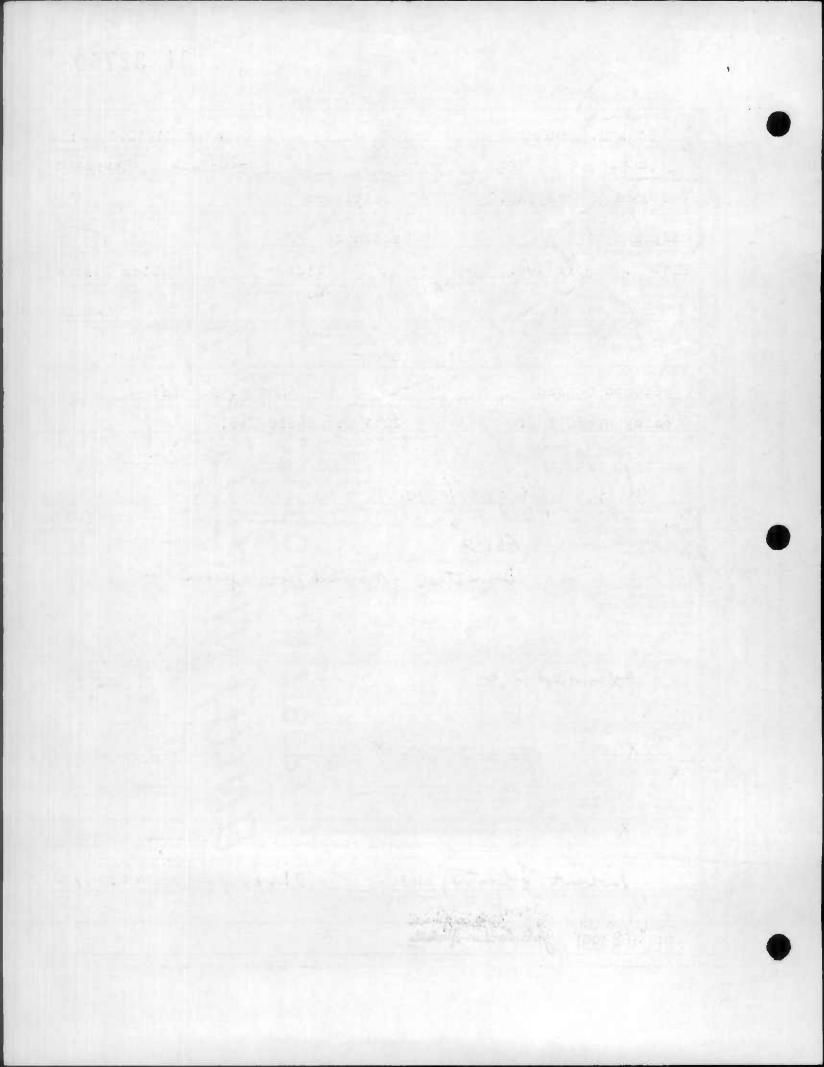
FOR	STATE OF MARY	I AND / DEPART	MENT OF HE	AITH AND	MENTAL HYGIE	NE	92.700
- STATE REGISTRAR			CATE OF		REG. N		
. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	3. TIME OF DEATH
Edna C. Co	nrad				Novembe		1931 3.31
I. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTHPLACE (State or Fore
215-09-0488	1 M 2 F	J J YRS.	9b. CITY, TOWN OR	HOURS MIN.	(Month, Day, Year) 3-20-1	_	Maryland
					CAIH	9c. COUN	ITY OF DEATH
THE WESLEY HOM	ne, inc.	[{	Baltimo	Le			
0a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATIO	N			10d. INSIDE CITY
Maryland		Ba*	ltimore				LIMITS?
00. STREET AND NUMBER				IP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
2211 W. Rogers	AVE.			21209		Umi	tod Statos
1. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECE		NIC ORIGIN? (Specify		ted States
Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes, spec	Ify Cuban, Mexico	in, Puerto Rican, atc.)		14. RACE — American Indian Black, White, stc.
Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 [] YES 2	NO Specif	y:		Specify: White
15. DECEDENT'S EDU		16a. DECEDENT'S US	SUAL OCCUPATION	·	16b. KIND OF E	USINESS/IND	USTRY
(Specify only highest grade	College (1-4 or 5+)	(Give kind of wor	rk done during most retired.)	of working			
	conege (1-4 of 5 4)	Homen	naker				
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)	
Edward Conn	had				e M. Sc		
9e. INFORMANT'S NAME (Type/Print)	40	19h MAILING A	DDRESS (Street and		Route Number, City or 1		Codel
Wealey Home,	Inc					OWIL, CIERO, ZIJI	0000)
		06. PLACE OF DISPOSIT	211 W.				
A Burlet 2 Commetter 3 Rem	loval from State	other place)					City or Town, State
Donetion 5 Or (Specify)	orwer.	Baltimore		ADDRESS OF FA		ltimor	e, Maryland
IMMEDIATE CAUSE (Final disease or condition	complications that cause but List only one cause on	ed tha desth. Do no aach line.	13631 F	alls Ko	ad Baltu h as cardiac or re	nore.	Marvland 212 est, Approximat Interval Bat Onset and
Sequentially list conditions, if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in daath) LAST	b. Due to (or as	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Mule	il for	year	a.	
PART II. Other algorificant condition Advance	ns contributing to death	but not resulting in	the undarlying	cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			26 01 4	CE OF DEATH (CI	rack cake and		
EXAMINER?	HOSPITAL:		OTHER:				
7. MANNER OF DEATH	1 Inpatient 2 ER/O				6 Other (Specify)		
1 Natural 5 Pending	28s. DATE OF INJUR (Month, Day, Year		RY WOR	K?	28d. DESCRIBE HO	W INJURY OCC	CURED
2 Accident Investigation				S 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJU building, atc. (S)	RY — Al home, farm, str pecify)	reet, factory, office		28f. LOCATION (Stre City or Town, Str		or Rural Route Number,
9a. CERTIFIER (Check only	ICIAN: To the best of my known						ed. a cause(s) and manner as ata
196. SIGNATURE AND TITLE OF CERTIFIE	R &		T	29c. LICENSE NU	MBER	29d. DATE	E SIGNED (Month, Day, Year)
Kohen	+ filest	S. m.		Dair	664		11-22-91
O. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Print)	7017			. /

Jan Dandson-Andres

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DEC 0 2 1991



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1.	FOR STATE	STA

1 - STATE REGISTRAR			MARYLAND /			E OF				G. NO.		
1. DECEOENT'S NAME (Flist, MI JEAN	MA	RIE	CAIN						2. DATE OF DE		549	3. TIME OF DEATH 10:35 A
4. SOCIAL SECURITY NUMBER 218 44 1536		5. SEX	6. AGE (In yrs. les		IF UNDE	R t YEAR	IF UNDER	24 HRS. MIN.	71	31-1946	8. BIRTHE Country	LACE (State or Foreign
9e. FACILITY NAME (If not institu			45	YAS.	0> 0/7	Y, TOWN O			11-26			ryland
600 BLOCK	0 F PI		ON AVE	NUE	90. 011				CITY		TY OF DE	
Maryland 10	b. COUNTY				y, TOWN	OR LOCATI	ON					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
10a. STREET AND NUMBER						10f.	ZIP COOE			10g. CITIZ		AT COUNTRY?
1616 Church	Stre	et					212	26		U.	S.A.	
II. MARITAL STATUS Never Merried 2 Mer Divorced 4 X Divorced	ried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	MED 10		WAS DECE If yea, spe 1 YES	cify Cuber	1, Mexicer	n, Puerto Rican,	etc.)	14. RACE Bleck, Specify	American Indian, White, etc.
(Specify only hig Elementary/Secondary (0-12)) (G	CEDENT'S ive kind of v Do NOT us	work done se retired.)	CCUPATIO during mos	N t of working	g		of Business/INDI	JSTRY	
7. FATHER'S NAME (First, Middle	Wi	lbur Fra						Mati	lda Aga	Melden Surname) atha Kri		
John Herbert John Golsposition			191	1723	ADDRES:	s (Street an Baysi	de B	or Rural R each	Noute Number, City 1 Road	or Town, State, Zip Pasaden	a, Ma	aryland 21
23. PART I. Enter the dises shock, or heer MMEDIATE CAUSE (Final disease or condition resulting in death)	ises, or con fallure.d.l.	mplications that st only one ceu	caused the dese on each line	6	ot enter	1001	Ritc	hie	Hwy. Ba	eral Home altimore r reephretory erre	, Md.	
equentielly list conditions any, leeding to immediet ause. Enter UNDERLYING AUSE (Disease or injury lat initieted events seulting in deeth) LAST			OR AS A CONSEC									
ART II. Other eignificent of	conditions	contributing to	deeth but not r	eeuiting I	n the ur	nderlyling	cause g	iven in F	P	WAS AN AUTOPSY PERFORMED? YES 2 NO	1	VERE AUTOPSY FINOINGS WAILABLE PRIOR TO DOMPLETION OF CAUSE OF OEATH? YES 2 NO
S. WAS CASE REFERRED TO MI EXAMINER? 1X XYES 2 \(\sum \) NO	1	10SPITAL:	ER/Outpatient 3	00A	OTHER	R:			ck only one) X Other (Speci	hy) PUB	LIC	STREET
3 Suicide 6 Coul 4 Homicide dete	atigation	28e. PLACE OF	y, Year) 6 1991 INJURY — At horate, (Specify)	me, ferm, a	25 A treat, fact		K? XX AVEN	NO D	EDESTI	HOW INJURY OCCU	RUCI	T'RUCK X BY A
(Check only one) 1 CERTIFYI MEDICAL	NG PHYSICIA	N: To the best of a	ny knowledge, das	nth occurre	d at the ti	lme, date a	nd placa,	and dua t	o the cause(e) e	nd menner es stete	ı.	and manner ea stated.
96. SIGNATURE AND TITLE OF	11.	2 Cl	0000	P			29c. LICEN	O C M		29d. OATE	SIGNEO (A	fonth, Day, Year) 7 1991
NAME AND ADDRESS OF PE	RSON WHO	OMPLETEO CAUS				STRE	EET	ВА	LTIMO	RE, MARY	LANI	21201
DEC 02 199	1 4	32. REDISTRAF	S SIGNATURE							,		

Pages 1, 2, 3

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burial-transit

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OR ATTENDING PHYSICIAN: The law

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The state of the s	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	5	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at
	5	it.	A
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MEDICAL

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IMPORTANT:

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7-042-76-50 CLAISONSE ISTAN

002

DHMH-16 Rev 1/89

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOVEMBER 30, 1991 CLAIBORNE, ISIAH Junior 12:12 р.т м 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
July 25, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 4.9 YRS. DAYS HOURS 214-38-1380 1942/Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL FUNERAL DIRECTOR BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City none 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21213 1717 Bethel Street United States 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—il yes, specify Cuban, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 1 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Negroid COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) 12th grade Millman Monach Rubber Company none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Isaih Claiborne, Senior Edith Jordan 19a. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
15 Pacton Place, Baltimore, Md. 21207 5 Wanda Claiborne 29a. METHOD OF DISPOSITION
135 Burlel 2 Cramellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Baltimore, Maryland 4 🗌 Donetion 5 🗎 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home 1412 E. Preston Street, Balto, Md. 21213 23. PART I. Enter the diseases, Dr Complications that out of the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, Dr heart failure. List only one cause on each line. Approximate intsrval Bstween IMMEDIATE CAUSE (Finsi Onset and Dasth disesss or condition resulting in dasth) PNEUMONIA (Pneumonia) 4 days DUE TO (OR AS A CONSEQUENCE OF): CANLER 2 months (Cancer) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): (Spinal cord If any, Issding to immediats cause. Enter UNDERLYING Compression SPINAL CORD 2 months campression) CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated syants CENTRAL NERVOUS SYSTEM resulting in death) LAST METASTASES 1 month central nervous system metastases) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 191 30 M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreat, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. mEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 29h SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIENED (Month, Day, Year) HOUSE OFFICER JOHNS HOPKINS ma 18029 11/ 30 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr Battimose ms KHANDUJA SANJAY Tower 110 Johns Hopkens 2/20/ 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whia Devidson 2 1991

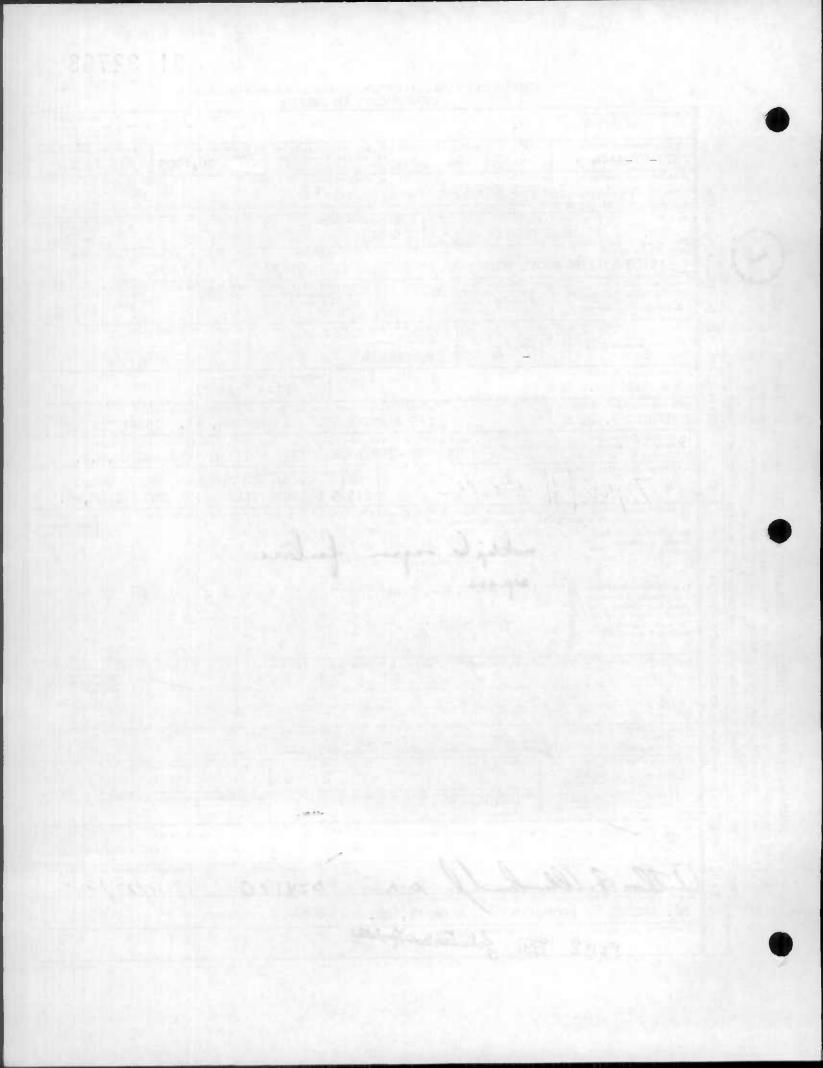
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
ddle, Last)		A DATE O	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF H	EALTH AND DEATH	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	S.	Clum			2. DATE OF DEAT	н	1 YEAR	3. TIME OF DEATN 3:30AM M	
	4. SOCIAL SECURITY NUMBER 579-07-4446	1 M 2 KF	(In yrs. lest birthday) IF (UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1905	8. BIRTA County NE	PLACE (State or Foreign W YORK	
TOR	96. FACILITY NAME (II not institution, give a Montgomery Ge RESIDENCE OF DECEDENT	neral Hospit	tal 9b.		n LOCATION OF D	PEATN	MON	tgon	ery	
DIRECTOR	10e. STATE 10b. COUNT	TGOMERY	OLN	WN OR LOCATE	ON				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	19108 WILLOW G	ROVE ROAD		101.	ZIP CODE 2083	2	USA	ZEN OF V	NAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2. NO	13. WAS DECE If yes, spe 1 YES	cify Cuben, Mexic	NIC ORIGIN? (Specify en, Puerto Ricen, etc. fy:	Yes or No-		- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USUI, (Give kind of work of life. Do NOT use reti HOMEMAK)	done during mos red.)	N t of working	16b, KIND OF	BUSINESS/IND			
00	17. FATNER'S NAME (First, Middle, Last) FREDERIC S. EM	MONG				AME (First, Middle, Mai				
BE	FREDERIC S. EM 190. INFORMANT'S NAME (Typo/Print)	MONS	I management		LEL					
10	FREDERIC B. CLUM		185 WAR	WICK DI	R. PITT	Route Number, City or	PA. 1	5241		
	1 X Burlel 2 Cremetion 3 Remuted Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State	CONGRESSION	VAL CEN	ETERY	11/30	WASHII	NGTO]		
	· muricy	1- Back	n	21525	LAYTONS	RBER FUNE VILLE RD	LAYT(ONSV.	20882 ILLE.MD.	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cerdiec or respiratory arrest, interval Between Onset and Death disease or condition resulting in deeth) Due to or as a consequence of: Sequentially liet conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in deeth) LAST									
PHYSICIAN: MEDICAL C	PART il. Other significent condition	significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part						24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	CE OF DEATH (Ch	eck only one)				
14S	1 YES 2 NO 27. MANNER OF DEATH	1 Impatient 2 ER/Out	petient 3 DOA 4 D	Nursing Nome		8 Other (Specify)				
BY P	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI WOR	RY AT K? S 2 NO	28d. DESCRIBE NO	W INJURY OCC	URED		
	2 Accident Investigation 3 Suicida 8 Could not be detarmined Could not be detarmined Coulding, etc. (Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my know	ledge, death occurred at t	he time, date e	nd pisce, and due	to the cause(s) and itime, data end place,	nanner es state	d.	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER		7		29c. LICENSE NUI				Month, Day, Yeer)	
2	30. NAME AND ADDRESS OF PERSON WHO				20022	7.()	11	121	171	
-	DR. ARTHUR WOO	DWARD 32. REGISTRARIS SIGN	OLNEY, MD		20832					
	ner 2	1991 Julie	Davidson-Rand	486					_ 1 > 8 1 1	

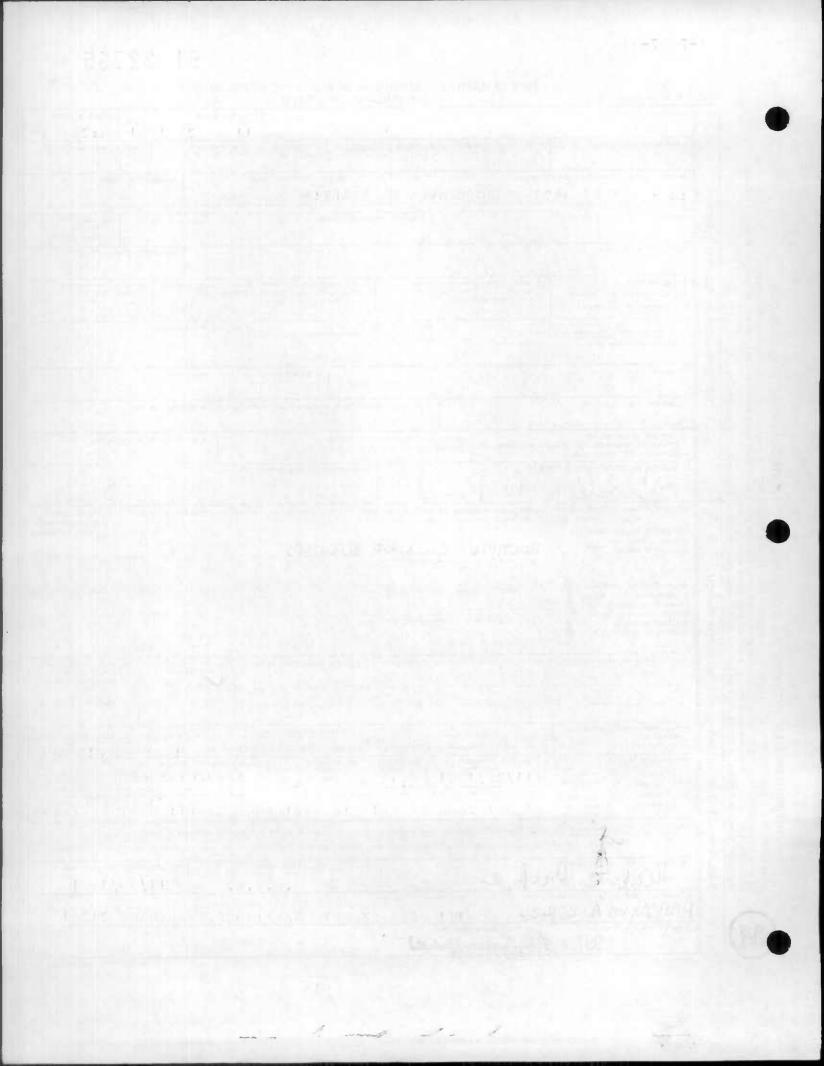


TO THE FUNERAL DIRECTOR. After this certificate has been signed by the after be filed within 72 hours after death with the State Dept. of Health and Mental		TO THE PUNENAL DIRECTOR. AIREI THIS LEIGHTGARE HAS DEEL SIGNED BY THE ALLE	TO THE CHAICDAL DIDERTOD. After this analitates has been alone the the cate	ned by the atter	is been sig ept. of Hea	ertificate his	r this c	R. Afte er deat	DIRECTOI hours afte	FUNERAL within 72	o THE	FA
		be filed within 72 hours after death with the State Dept. of Health and Mental It	be filed within 72 hours after death with the State Dept. of Health and Mental H.									
De med within 12 hours after death with the State Dept. Of health and mental		he filed within 77 hours after death with the Cente Deat of Health and Mantal &	to the rowership 20 hours after death with the Centre Death of Death and Mental &	Mile and Interitor	בחו חו יופנ	tile State P	III WILLIA	מו הפשו	וויס פוווסוו	WINNII 12	2011	5
he filed within 70 hours after death with the State Dent of Health and Mental	the man with the most state of the court of		TO THE FUNERAL DIRECTOR. AIREI THIS CELENCARE HAS DEEN SIGNED by the attent	Wh and Mental &	ant of Has	the State D	th with	pr deat	hours after	Within 70	a filed	Ē
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attend be filed within 72 hours after death with the State Dept. of Health and Mental Hi	TO THE CHANCOA! DIDECTION After this confidence has been sissed by the offen		Mat Hic count	ימא ובחחוום	מושנא ווופ	2	TANDA.	2 2 2	2	1	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	HEALTH AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	ar un	AR 3. TIME OF DEATH	
	Russell W. Colli					11-26-199		2 2 P M	
	215-24-5807		140	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	(SIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give s	22		L OUTY TOWN	OR LOCATION OF DE	04-27-192		New Jersey	
DIRECTOR	5927 Glenoak Ave				ore City	ATH	9c. COUNTY		
REC	10s. STATE 10b. COUNT	1	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY	
	Maryland N/A		Balt	imore (City			1 W YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
INE	5927 Glenoak Ave	2010 12. WAS DECEDENT EVER II			21214		U.S.		
F	1 Naver Merried 2 Merried	FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, etc.	
May 4/6/46-1/29/48							Specify: nite		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.)								RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT usa r	etired.)	at or working				
COMPL	10th Grade		Foreman			Greyhour		Corp.	
S	17. FATHER'S NAME (First, Middle, Last) Stephen Collins					ME (First, Middle, Maiden :			
BE	19s. INFORMANT'S NAME (Type/Print)		10h MAII INC AI	NDESS /Count of		Route Number, City or Town	_		
5	Russell W. Colli	ns, Jr.	5927 Gl	enoak A	Avenue. F	Baltimore,	Marvla Marvla	end 21214	
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	NSPOSITION (No	mont		CATION — City		
	1 X Burisi 2 Cremation 3 Rem 4 Donatton 5 Other (Specify)	oval from State cerr	altimore	Nationa					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Kathleen	h hound	(4)	John (C. Miller	c, Inc.	mro M	farmel and 21206	
23. PART I. Enter the diseases, or complications that seused the deeth. Do not enter the mode of duing such as certific or regulations expedit									
	immediate cause (Fine)	Liet only one cause on e	¢ćh line.	,	0 1	1	, , , , , , , , , , , , , , , , , , , ,	Approximete Intervel Between Onset end Deeth	
	disease or condition	Amy of	rechie !	a Kesa	1 Scles	1411		5480	
	,	DUE TO OR AS A	CONSEQUENCE DE:	ag - ins	200	Carl		0	
NO	Sequentially list conditions,	b							
TA	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE OF):						
F	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				-		
CERTIFICATION	resulting in deeth) LAST	4.							
LCE	PART II. Other significent condition	contributing to death b		h					
CAL	organican condition	e continuoting to death b	ut not resulting in t	na underlying	cauee given in i	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA						1 YES 2	NO	OF DEATH?	
						_		1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (Che	ock only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outp		THER:	5 Residence				
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b, TIME O	F 28c. INJI	URY AT	28d. DESCRIBE HOW IN	JURY OCCURE	D	
ВУ	1 Natural 5 Pending Investigation	(morari, Day, rost)	INSOR	M 1 Y					
ED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	- At home, ferm, atra	et, fectory, office		281. LOCATION (Street as City or Town, State)	nd Number or Ri	ural Route Number,	
					- 10				
COMPL		CIAN: To the best of my knowl R: On the basis of examination						una(a) and manner as stated	
	SIN. SIGNATURE AND THILE OF CENTURES	- 1							
BE	MANUEL BO	Malana	1		29c. LICENSE NUM	20	DATE SIG	NED (Month, Day, Year)	
2	SIGNAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tom, Pri	10	.00 47	60	11/	1/17/	
	Daniel B. Drachm	an, M.D., Jo	hns Hopki	ns Hosp	oital, Ba	ltimore, M	larylar	nd	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAH'S SIGN							

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Oppt, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		TAL HYGIENE REG. NO.			
DONTAY DE	WAYNE	C	OOPER	M	OATE OF DEATH DAY	YEAR 1991	3. TIME OF DEATH 6:26 p N	
4. SOCIAL SECURITY NUMBER 220-86-9188 9a. FACILITY NAME (If not institution, git	1 🔀 M 2 🗆 F	19 YRS. MOI	NTHS DAYS HO	URS MIN. (#	ATE OF BIRTH Month, Day, Year) -30-1971	Count	HPLACE (State or Foreign	
IN FRONT OF 3 RESIDENCE OF DECEDENT 100. STATE 100. COU			BALTI		9c.	COUNTY OF I	DEATH	
	NTY	10c. CITY, TO	BALTIM	ORE			10d, INSIDE CITY LIMITS? 1 [X] YES 2 NO	
100. STREET AND NUMBER 3913 NORFOLK AV 11. MARITAL STATUS	ENUE		10f. ZIP	21216	10g.	USA.	WHAT COUNTRY?	
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X NO	13. WAS DECENDED		RIGIN? (Specify Yee or No arto Rican, atc.)	- 14, RAC Blac Spec	E — American Indien, k, White, etc.	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S USU (Give kind of work ##e. Do NOT use red UNEMPLOY	done during most of tired.)	working	16b. KIND OF BUSINESS		NON	
17. FATHER'S NAME (First, Middle, Last)			18,	MOTHER'S NAME (FA	rst, Middle, Maiden Surnar	ne)		
JOSEPH ALSTON 19a. INFORMANT'S NAME (Type/Print)		T 105 11411 1110 400		SHELIA A				
SHELIA ALSTON					Number, City or Town, State ALTIMORE, N		2.1.6	
20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R. 4 Donation 5 Other (Specify)	emoval from State Ceme	PLACE AND DATE OF DI tery, crematory or other p CINGS MEMO	ISPOSITION (Name of	1	DATE 20c. LOCATION	Y — City or To		
21. SIGNATURE OF FUNERAL SERVICE			JOSEPH	H. BROWN	JR. FUNERA	AL HOM		
disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	w00	MDS				
PART if. Other significant condition	ons contributing to death bu	t not resulting in th	ne undarlying ca	iaa given in Part I	24a. WAS AN AUTOF PEBFORMED? 1 YES 2 NO		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 MYES 2 \(\text{NO}\) NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY	Nent 3 DOA 4 DOA 28b. TIME OF	HER: Nursing Home 5	OF DEATH (Check only Realdence 8 X C	FRO	ATE	ARD OF RESIDENCE	
3 Suicide 8 Could not b	1 Netural 5 Pending (Month, Day, Year) 11/29/1991 6:15				M I VES 2 NO SUBJECT SHOT			
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	FRONT YAF	dge, death occurred at	the fime, date end ;	place, end due to the	cause(s) and manner ea	atated.		
29b. SQNATURE AND TITLE OF CERTIFIED		arwor investigation, at		LICENSE NUMBER	29d.	DATE SIGNED	(Month, Day, Year)	
	VHO COMPLETED CAUSE OF DEAT	113	STREET	O.C.M.			21201	
31. DATE FILED (Month, Day, Year) DEC 2 1991	32. REGISTRAR'S SIGNAT		DIKEEI	DALLIM	ORE, MAR	LLAND	21201	



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

	REGISTRAR		CERTI	FICATE O	FDEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		77	DE IJ		2. DATE	OF DEATH	- Y	3. T	TIME OF DEATH
- 3	wand		TUR	たち		1	1	9 19	9116	138PM
	4. SOCIAL SECURITY NUMBER 213 18 3601	5. SEX 6. /	AGE (In yrs. lest birthde)	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH th, Day, Year) 14/1913	8.	Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	7	7 O THS.				14/1913			land
OR	St. Agnes Hosp			Balti	MOTE C	DEATH City		9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT									
DIRE	Maryland Ann	ne Arundel		ary, town on Local asadena	ATION					. INSIDE CITY LIMITS? YES 2 1 NO
FUNERAL DIRECTOR	104 Winston Roa	ıd		1	of. ZIP CODE 21122			U.S.		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	if yes, s	CENDENT OF HISPA specify Cuban, Mexic S 2 10 NO Spec	can, Puarto	N? (Specify Yaa Rican, atc.)	or No- 14.	RACE - A Black, Wh	ita, atc.
		CATION.								White
TE	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT (Give kind o	'S USUAL OCCUPAT of work done during in use retired.)	TION nost of working	16b	. KIND OF BUS	INESS/INDUST	TRY	
COMPLETED	10th Grade	College (1-4 or 5+)	House				Home M	faker		
ŏ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, i				
BEC		Stanislaw	Knapik			olina		nholds		
5	199. INFORMANT'S NAME (Type/Print) Richard Sawicki		19b. MAILIN	G ADDRESS (Street	and Number or Rura					
	20s. METHOD OF DISPOSITION		20b. PLACE AND DAT	Dunelle		TC	owson,	Maryla ATION - City		
	1 to Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	Holy Ros	other placel		12-				ryland
	21. SIGNATURE OF FUNERAL SERVICE LIE	many)	1	22. NAME /	ND ADDRESS OF F	ACILITY				Lyland
	Luka	NO SO	lonce	4001	ge J. Go Ritchie	Hwv.	Balti	more.	Md.	21225
	23. PART i. Enter the diseases, or o shock, pr heart feilure. IMMEDIATE CAUSE (Finsi disease pr condition resulting in death)	a. Prise mo	on each lina.		ode of dying, su	ch aa card	dac or faspir	atory arrest,		Approximate interval Between Onaat and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	b. DUE TO (OR /	AS A CONSEQUENCE	OF):						
EDICAL C	PART II. Other significant condition	s contributing to dest	th but not resulting	in the undariyir	ng causa given in	Part I.	24a. WAS AN A PERFORM			E AUTOPSY FINDINGS ABLE PRIOR TO
							1 YES 2	NO	DF D	PLETION DF CAUSE EATH?
z I										YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (C/	heck only on	e)			
PHYSICIAN: M	1 YES 2 NO	HOSPITAL:	Outpatient 3 DDA	OTHER:	ma 5 🗆 Raaldenca	8 Other	(Specify)			
ξI	27. MANNER OF DEATH	28s. DATE OF INJU	RY 26b. TI	ME OF 28c. IN	JURY AT		CRIBE HOW IN	JURY OCCURE	D	
BY F	1 Natural S Pending 2 Accident Investigation	(Month, Day, Yei		M 1 🗆	YES 2 NO					
	3 Suicide S Could not be determined	street, factory, offic	ca .	26f. LOCA	ATION (Street and or Town, State)	d Number or R	tural Route A	lumber,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my ki	nowledge, death occur	red at the time, dat	and place, and du	time date	se(a) and mann	or as stated.		
	295 SIGNATURE AND TITLE OF CERTIFIER									
BE	(du win	TEDICAL	RESIDI	THE	29c. LICENSE NU	3 S	AH	≥ (((~	SNED (Month	h, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	e truis				2 (. 1
1	31. DATE FILED (Month, pay, Year)	32. REGISTRARIS S	IGNATORE delle	, 1	- (cur	···				
18	1111,000	/ /								

	-	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit pages
020	physiciar	hurial tre
15-0	ttending	a ac the
12	or a	7 118
BALTIMORE, MARYLAND 21215-0020	th certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	stached in
7	the	an de
ARY	ained b	should h
Σ	e ret	10
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C	E 9	Tor.
Σ	Page	dire
ALT	death.	funera
m	after	y the
	24 nours	filled in t
60,	within	Tholetely
P.O. BOX 68760,	executed	and col
õ	3	cian
B	icate	physi
o	certif	Duip
Ω.	5	en

Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp TO THE RUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

RAMESIA SABPASIA MD

32. REGISTRAR'S SIGNATURE
JUNE WOULDSON- Mandell

RAMESIA S 31. DATE FILED (MONITY, DOY, 25007) 1991

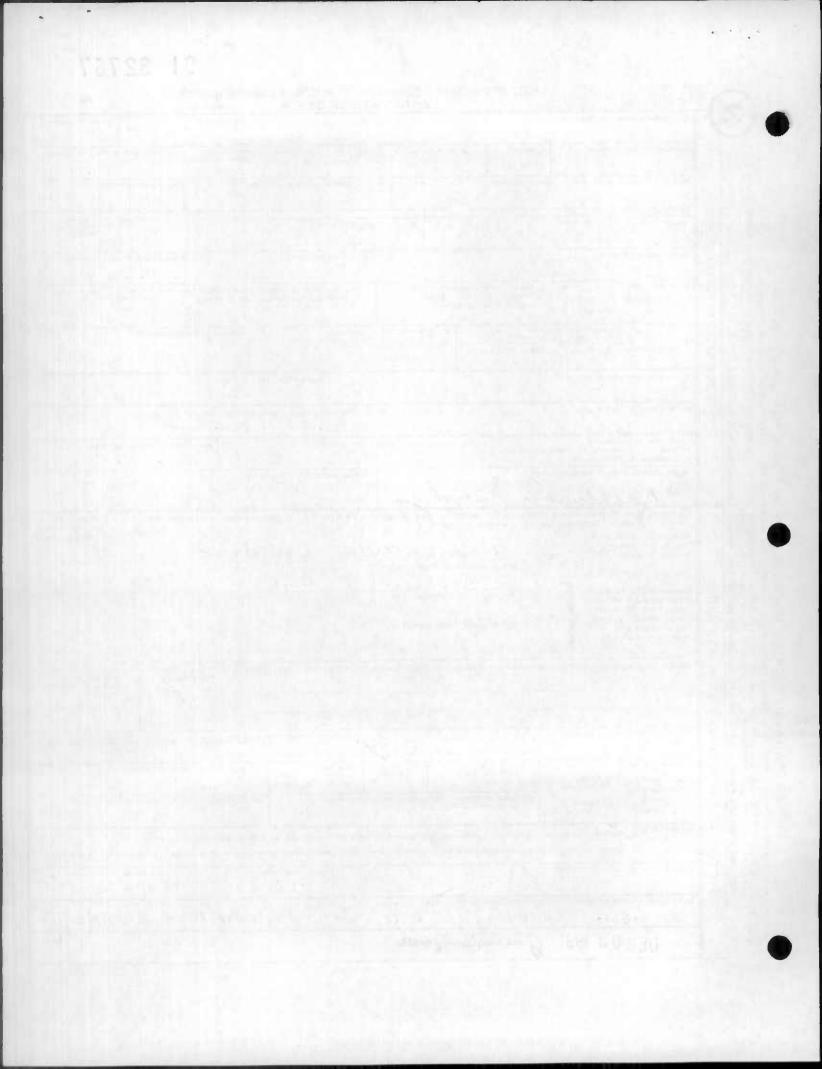
DIVISION OF VITAL RECORDS,

		CI	ERTIFIC	MENT OF CATE OF	DEATH	REG. I	VO.						
1. DECEDENT'S NAME (First, Middle, Last,						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH				
Mildred 4. SOCIAL SECURITY NUMBER	Α.	vis		- Deleti-			29	91					
218-16-0935 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🖾 F	6. AGE (In yrs. les	1 YAS.	F UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 3-8-10		6. BIRTI	HPLACE (State or Foreign ry) Md .				
Overlea Garder			9	Balti	or Location of I	DEATH	ITY OF D	PEATH					
Md .	тү	443	10c. CITY, 1	re			10d. INSIDE CITY LIMITS? 1/27 YES 2 NO						
10e. STREET AND NUMBER				1	of, ZIP CODE		ZEN OF V	WHAT COUNTRY?					
5837 Belair Ro	ad					21206			J.S.A.				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ★□ NO If IF YES, GIVE WAR OR DATES 13. WB If 1 [] 13. W				ANIC ORIGIN? (Specify can, Puarto Ricen, etc.)	Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker								IESS/INDUSTRY					
17. FATHER'S NAME (First, Middle, Last) Philip Cook	10. MOTHER'S NAME (FIRST, MIDDIE, Malden S												
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 300 Elinor Ave. Balto., Md. 21236													
20 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of													
Gardens of Faith 12-2-91 Balto., Md.													
21. SIGNATURE OF FUNERAL SERVICE LI	In he	rysk	-	John	C. Mille	er. Inc.	Baltin	nore	ir Road ,Md21206				
23. PARP1. Enter the diseases, or ehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Cer	elevo	VOS C	ular	acc	ident		est,	Approximate intervel Betwee Oneet and Dea				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):												
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		R AS A CONSEC	DUENCE OF):										
							PERFORMED? AVA		WERE AUTOPSY FINDING AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?				
25. WAS CASE REFERRED TO MEDICAL									1 YES 2 NO				
EXAMINER?	NER? HOSPITAL: OTHER:												
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY WORK?							INJURY OCCU	NJURY OCCURED					
2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF I	NJURY — Al hor C. (Specify)	me, ferm, atree		YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER (Check only one) CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, des	nth occurred a	The time, date	and place, and due	to the cause(s) and m	enner aa etete	d.					
		INVOITE ITUITION IF	.vvaugation, is	i my opinion r	with occurred at the	time date and place	and deed to the						
2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI		and dua to the	cense(s)	and manner as stated.				
	R: On the basic of axer	nination end/or in	riveatigation, is	my opinion o	eath occurred at the	time date and place	and due to the						

BALDMOREM

ERDMAN AVE

3400



1 - STATE REGISTRAR		SINIE UF I	MANTLAI	CERTIF	ICATE (MENIAL HYGII REG. 1			
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
James		Henry			Ely			Nov. 2	DAY 19	91	5:20 P M
4. SOCIAL SECURITY NUME	0.000			6. AGE (In yrs. last birthday)			ER 24 HRS.	7. DATE OF BIRTH	7. DATE OF BIRTH		HPLACE (State or Foreign
216-03-454	8	1 🕅 M 2 🗆 F	88	YAS.	MONTHS DA	YS HOURS	MIN.	Apr. 3 1		Ma	rvland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	WN OR LOCA	TION OF D			UNTY OF C	
Dulaney T	OWSON	Nursing	Hom	e	To	wson			Bal	timor	е
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	DCATION					10d. INSIDE CITY
Maryland	Balt	imore			Cockey	sville					LIMITS?
10e. STREET AND NUMBER						10f. ZIP CO	DE		10g. CI	TIZEN OF V	WHAT COUNTRY?
10401 Gree	entop l	Road				2	1030		US	A	
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 10	if yes	DECENDENT I, specify Cut YES 2 X NO	en, Maxica	NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yea or No	Blac	E — American Indian, k, White, atc.
15. DEC	EDENT'S EDUC y highest grade	CATION	10	6e. DECEDENT'S	USUAL OCCUP	PATION		16b. KIND OF I	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0	-	College (1-4 or 5 -		Station	work done during se retired.)				Manu		ırar
17. FATHER'S NAME (First, M.	iddle, Last)			- 1011	,					racte	
John F. El	у					18. MO	Ella	ME (First, Middle, Maid German	len Surname)		
Mr. & Mrs.		J. Bear	dmore	19b. MAILING	1 Gree	entop	Rd.	Route Number, City or 1	own, State, Z	(p Code)	. 21030
20a. METHOD OF DISPOSITI	ION		20b. PL	ACE AND DATE	OF DISPOSITION	(Name of	44/0	A COUNTE 20c	LOCATION	Clay or To	war State
4 Donation 5 Other	n 3 ⊔ Ramo (Specify)	oval from Stata	cemete	ry, crematory or o	Valley	Mem	orial	Ga rdens	Time	niun	n Md
21. SIGNATORE OF FUNERAL		ENSEE			22. NAM	E AND ADDR	ESS OF FA	CILITY		Ji II Gii	ii, ivia.
Man OT	Badu	Lochs	tampi	200				nell-Wiede			
23. PART I. Enter the di	BARRE OF C	SCI TASVO	em P	7	10	W. Pa	idoni	a Rd., T	imoni	um,	Md. 21093
shock, or he	eart failure. I	list only one cau	se on vact	line.	ibt enter the	mode of dy	/ing, suc	h aa cardiac or res	spiratory a	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Fin disease or condition	al			1							Onset and Death
reaulting in desth)	→	mit	asta	tic	color	1 C	9NC	er			
		506 10	(OH AS A CC	INSEQUENCE OF	F):						
Sequentially list conditions if sny, leading to immediate		DUE TO	OR AS A CO	ONSEQUENCE OF	F):						
csuse. Enter UNDERLYI	NG										
that initiated events		DUE TO	OR AS A CO	AS A CONSEQUENCE OF):							
resulting in death) LAST											
PART II. Other algolitical	nt conditions	contributing to	death hut	nettel :	in the count of						
	- Continuing	continuating to	weath but	not resulting i	in the underl	ying cause	given in		ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 TES	2 NO		CDMPLETION OF CAUSE DF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED TO											/\
EXAMINER?	MEDICAL	HOSPITAL:			QTHER:	PLACE OF I	DEATH (Ch	eck only one)			
1 YES 2 NO		1 Inpatiant 2			4 Nursing I		aaldenca	8 Other (Specify)			
~	Pending	28a. DATE OF (Month, Da		28b. TIMI	URY	INJURY AT WORK?	_	28d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident	nvestigation	200 BLACE OF	IN ILIDA	111		YES 2	NO				
	Could not be letermined	building,	atc. (Specify)	At home, farm, s	dreet, factory, o	ffica		281. LOCATION (Stree City or Town, Stat	nt and Number te)	r or Rural A	oute Number,
29a. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	my knowledo	e death occurre	d at the time of	lete and alone	and due	to the cause(a) and m			
one) 2 MEDIC	CAL EXAMINER	: On the beels of ax	amination an	d/or Investigation	n, in my opinio	n, death occu	red at the	time, data and place.	and due to ti	ted. ha cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE							ENSE NUM				
Que s	Pm	010010	11.00						29d. DAT	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	Print)	104	031	28	1	1 2	6 9
June Breine			225111		600 W.	Nort	herr	Parkway	, Ra	lto	Md.21210
31. DATE FILED Month, Day, Y		32. REGISTRAL	r's SIGNATU	DE.	200 111			· raritina	, Da	,	1110.21210
DFC 02	1991	Julia Da	widson-	Pandelle							31 256

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

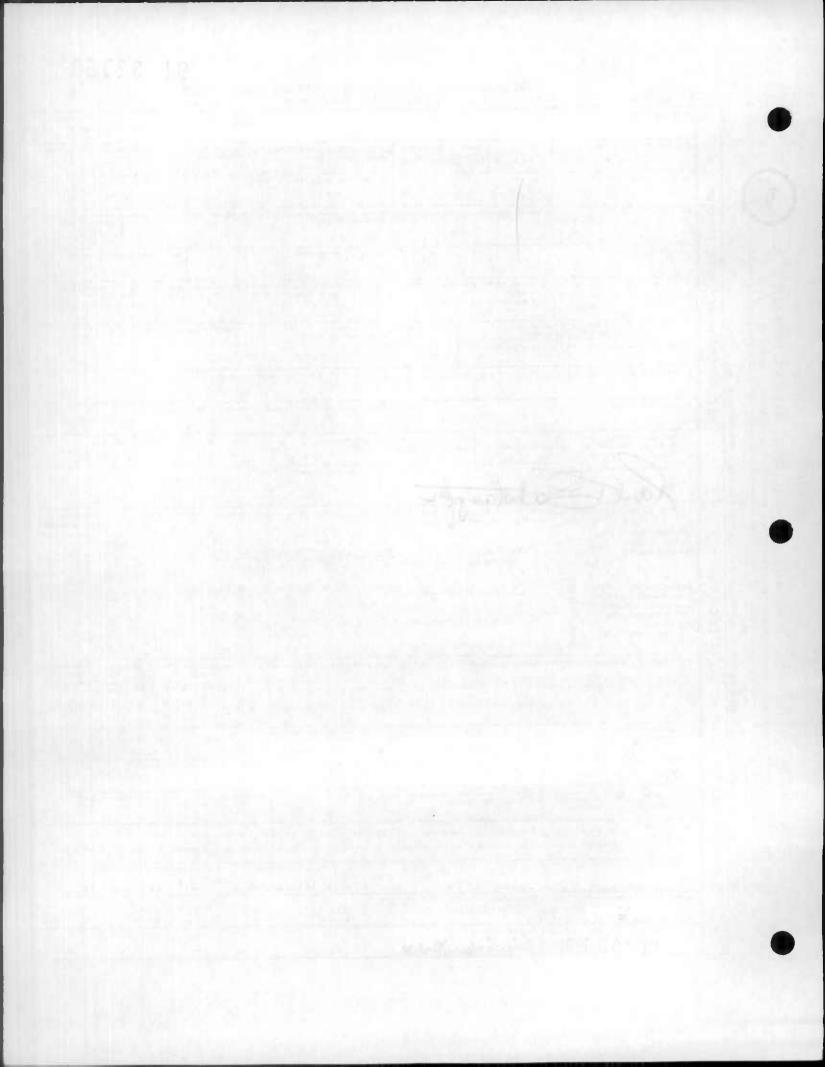
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

A DESCRIPTION ASSESSMENT OF A SALARY A ALL			TIFIC			1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Searum			Ellis			MONTH NOV		199	3. TIME OF DEATH 5:30 PM	
4. SOCIAL SECURITY NUMBER 5. SE 224-03-2927	M 2 🗆 F 82	(In yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	of BIRTN n. Day. Year) , _12 19	- 1	B. BIRTNPLACE (State or Foreign Country) Virginia	
9e. FACILITY NAME (If not institution, give street en	d number)		9b	CITY, TOWN	OR LOCATION OF E				TY OF DEATN	
St. Joseph's Hospi	ital			Tow	son			Balt	imore	
10e. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCAT	TION		-		10d. INSIDE CITY	
Maryland Baltimo	re		Cocke	eysville	E ZIP CODE			10a CITIZ	LIMITS? 1 YES 2 NO EN OF WHAT COUNTRY?	
5 Firefly Circle A	pt. G				2103	0		USA		
1 Never Married 2 by Married	AS DECEDENT EVER ORCES? 1 1 YES YES, GIVE WAR OR I	2 NO	ED	If yes, sp	ecity Cuban, Mexic	an, Puerto I	I? (Specify Yes Ricen, etc.)	or No—	14. RACE — American Indian, Black, Whita, etc. Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade comple	rted)	(Give	DENT'S USI kind of work NOT use re	JAL OCCUPATION done during motired.)	ON ost of working	16b	KINO OF BUS	INESS/INOL	JSTRY	
Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	Far	mer				Farmin	g		
17. FATHER'S NAME (First, Middle, Last) Phillip Isaiah Ellis					16. MOTHER'S N					
19e. INFORMANT'S NAME (Type/Print)		105	MAII INC AD	DDECC /Charles	and Number or Rura		nche C			
Annie E. Ellis		1 1000							ville, Md.21030	
20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal for	om State	b. PLACE AI	NO OATE OF	DISPOSITION	(Name	OAT	E 20c. LOC	CATION — C	ium, Md.21093	
4 Donetion 5 Other (Specify)		ONI	y Va		emorial ND ADDRESS OF F		enis I	imon	ium, Md.21093	
Bryan W. C	Clary	eur			mon-Mite				um, Md. 21093	
reaulting in death) Sequantisily list conditions, if any, leading to immediats cause. Entar UNDERLYING CAUSE (Disesse or injury that initistad events reaulting in death) LAST	DUE TO (OR AS	A CONSEOU	ENCE OF):							
d										
PART II. Other significant conditions con PRTSRIOS CESROTIC	CARDIOU	PSCW	MIR			n Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH?	
CARCINOMA OF	742	reus,	7716			-	V E		1 TES 2 NO	
	748	PIC.US	716	26.0	ACE OF DEATH (Phock ank o	nel			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		0	THER:	LACE OF DEATH (-				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATN		tpatient 3	0	THER: Nursing Nor SEC. IN	ne 5 Residence	6 🗆 Othe		NJURY OCC	1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	SPITAL: Inpatient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	tpatient 3	DOA 4 26b. TIME O	THER: Nursing Nor F 28c, IN. Y W	ne 5 Residence JURY AT DRK? YES 2 NO	6 Othe	Pr (Specify) SCRIBE NOW II		1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	SPITAL: inpatient 2 ER/Ou 26s. DATE OF INJURY	tpatient 3	DOA 4 26b. TIME O	THER: Nursing Nor F 28c, IN. Y W	ne 5 Residence JURY AT DRK? YES 2 NO	28d. OE	Pr (Specify) SCRIBE NOW II		1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	SPITAL: Inpartent 2 FR/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	tpatient 3 [Y — At homeolty)	DOA 0 4 26b. TIME 0 INJUR 6, farm, stre	THER: Nursing Nor Very Nor Nursing Nor Very Nor Nursing Nor Very Nor Nursing Nor Nu	ne 5 Residence JURY AT ORK? YES 2 NO ce	28d. OE 28f. LOC City	SCRIBE NOW II CATION (Street of Town, State)	and <i>Number</i>	1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	SPITAL: Inpartent 2 FR/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	tpatient 3 [Y — At homeolty)	DOA 0 4 26b. TIME 0 INJUR 6, farm, stre	THER: Nursing Nor Very Nor Nursing Nor Very Nor Nursing Nor Very Nor Nursing Nor Nu	ne 5 Residence JURY AT ORK? YES 2 NO ce e end place, end death occured at ti	28d. OE 28d. OE 28f. LOC City	SCRIBE NOW II CATION (Street of Town, State)	and Number	1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATN 1 Astural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN:	SPITAL: Inpartent 2 FR/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp	tpatient 3 [Y — At homeolty)	DOA 0 4 26b. TIME 0 INJUR 6, farm, stre	THER: Nursing Nor Very Nor Nursing Nor Very Nor Nursing Nor Very Nor Nursing Nor Nu	ne 5 Residence JURY AT ORK? YES 2 NO ce	28d. OE 28d. OE 28f. LOC City use to the ca	SCRIBE NOW II CATION (Street of Town, State)	and Number	1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	SPITAL: Inpartent 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp To the best of my knothe besis of examination APLETEO CAUSE OF D	ty — At homeofy) wiedge, deat	26b. TIME C INJUR s, farm, stre h occurred a restigation,	THER: Nursing Nor F 28c. IN. W 1 et, factory, office at the time, dat in my opinion, int)	Description of the state of the	26d. OE 26f. LOC 26f.	SCRIBE NOW II CATION (Street or Town, State) use(a) end marr a and place, an	and Number	TUREO Or Rural Route Number, et cause(a) and manner as stated. E SIGNEO (Month, Day, Year)	

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

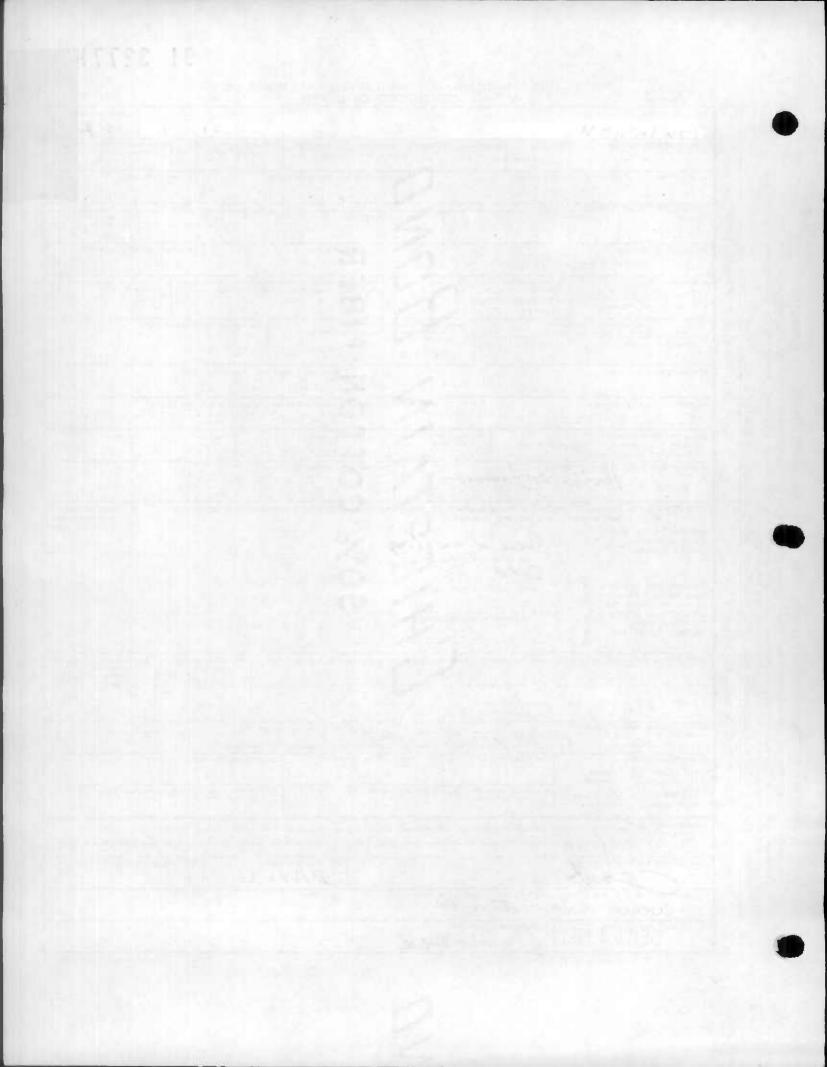
	REGISTRAR		CEI	RTIFICA	TE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH		
	LEOLA CATH	INWICH	CH-CHIOFALO						YEAR				
	4. SOCIAL SECURITY NUMBER				DER 1 YEAR			NOV. 29,			8:00 a M		
	219-18-1413	1 □ M 2 🔀 F	72	YRS. MONTH		HOURS MIN.	11-	18-19	19	Counti	γ)		
or !	9a. FACILITY NAME (# not institution, give					OR LOCATION OF D	EATH		9c. COL	JNTY OF D	EATH		
RECTOR	1308 Biddle Court Baltimore Baltimore												
H	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY				
ō	Maryland Baltimore Baltimore										LIMITS? 1 YES 2 NO		
AL	10s. STREET AND NUMBER 10f. ZIP CODE								10g. CI1	TIZEN OF V	VHAT COUNTRY?		
E	1308 Biddle Co	ourt				21228				U.S	Δ		
FUNERAL	11. MARITAL STATUS	VER IN U.S. ARME	N U.S. ARMED 13. WAS DECENDENT OF HISPA			NIC ORIGIN	N? (Specify Yea	or No-	14. BACE	- American Indian			
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	YES 2 NO	ATES It yes, specify Cuban, Mexico							White			
COMPLETED	15. DECEDENT'S EDU	18a. DECE	DENT'S USUAL	186. KIND OF BUSINESS/INDI									
H.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work dor NOT use retired									
릴				Sal		Retail							
Ö	17. FATHER'S NAME (First, Middle, Last)			Dai	AME (First, Middle, Meiden Surname)								
BEC	Jacob	Diete								Fitch			
	19a. INFORMANT'S NAME (Type/Print)				and Number or Aural		her City or Town	Chate 7					
2	Mrs. Victoria	Martin						17601					
	20a. METHOD OF DISPOSITION	20h PLACE AND	DATECEDISD	CITION	y DI.,		Lancaster, Pa. 17601						
	20b. PLACE AND DATE OF DISPOSITION 1 Deviled 2 Commercial Commerc												
	4 Donellon 6 Other (Specify) Green Mount Crematory 11/30Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Sterling Ashton Funeral Home, Inc.												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSCOUENCE OF): Approximate interval Between Onset and Death Cauncil Due TO (OR AS A CONSCOUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant condition	e contributing to de	ath but not read	elting in the	ınderivine	Cause given in	Part i	24e. WAS AN	LUTODOV	Lau			
FEDICAL								PERFORMED?		240.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ.											1 YES 2 NO		
Z	25. WAS CASE REFERRED TO MEDICAL				28 PI	ACE OF DEATH (Ch	ack onte on	ol.			· ·		
PHYSICIAN:	EXAMINER?	HOSPITAL:	2/Outpetlant 2 🗆	OTHE	R:								
¥	27. MANNER OF DEATH				1	5 Realdenca							
BY PI	1 Natural 5 Pending 2 Accident Investigation	1 Natural 5 Pending (Month, Day, Year) NJURY WORK?							8d. DESCRIBE HOW INJURY OCCURED				
9	28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28e. COLITION (Street and Number or Rural Route Number, City or Town, State)									oute Number,			
"	29a. CERTIFIER												
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, death	occurred at the	time, date	and place, and due	to the cau	se(a) and men	ner as sta	ted.			
8	2 MEDICAL EXAMINE		mailion and/or inve	attigation, in my	opinion, d	eath occured at the	time, data	and pleca, and	dua to 19	ne cause(a)	end manner ea stated.		
BE	296. SIGNATURE AND TULE ORIGINATIFIES	he i	and b			29c. LICENSE NUM	MBER	,	29d. DAT	E SIGNED	(Month, Day, Year)		
<u>و</u>	Jenes 1 / and	7				2/35	xx	-	> /	130	141		
	NAME AND ADDRESS OF PERSON WH	0	OF DEATH (ITEM 27	(Type, Print)	1	Ave			1	,			
	11 DATE ELLED (Mart) 2 11	remus	7 10	ca	The	Ave	1	117	2	2	1224		
	DFC 02 1991	and DEBRINGS	- HANTERECE										

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Eugene	Herbert	Gwi	lliam		2. DATE OF DEATH NOV. 29	1991. YEAT	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-03-8084	1 X M 2 F 7	n yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/18/20	Co	THPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY O	Maryland
2	St. Joseph Hos			Towson				more,Co.
5	RESIDENCE OF DECEDENT						Darti	
DIRECTOR	Maryland Bal	timore Co.		keysvil				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				1. ZIP CODE		109. CITIZEN O	F WHAT COUNTRY?
ER/	2 C Lemon Grov	e Court			21030		Unite	d States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA 6/9/44 - 1/	2 NO	If yea, a		NIC ORIGIN? (Specify Yee an, Puarto Rican, alc.) fy:	В	ACE — American Indian, lack, Whita, atc. pocity: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)			vork done during m e retired.)	on ost of working (/Carrie	18b. KIND OF BUS	siness/industr	
MP	12		Postina	an Cleri				1 1100
	17. FATHER'S NAME (First, Middle, Lest) Robert	Gwilliam				AME (First, Middle, Meiden Stamp	Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) Elizabeth L. Gwil	liam	19b. MAILING 2 C	ADDRESS (Street	and Number or Rural Crove Ct	Route Number, City or Tow	n, State, Zip Code; Sville, N	Md. 21030
	20e. METHOO OF DISPOSITION 1X Burlel 2 Cremetton 3 Remet 4 Donation 5 Other (Specify)				metery, cremetory or		CATION — City of	r Town, State n, Md. 21093
	21. SIGNATURE OF FUNERAL SERVICE LIC		ulariey	22. NAME A	ND ADDRESS OF F	ACILITY		.,
	Martin	D. Lawson	~			ell-Wiedefe Rd., Tim		Md. 21093
CERTIFICATION	23. PART I. Entar the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CALCAC ADUE TO (OR AS A COPPO) DUE TO (OR AS A CC.		P:	or dying, su	ar as cerured of respi	intury arrest,	Approximate interval Between Oneet and Death
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to death be	ut not resulting	in the underlyle	ng cause given in	Pert I. 24e. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOOD!TAL			LACE OF DEATH (C	heck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	atlent 3 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
TEO BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide delarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	street, factory, offi	ca	281. LOCATION (Street City or Town, State)		ral Route Number,
COMPLETED	anal and	CIAN: To the best of my knowl						se(a) end manner as stated.
BE	29b. SIGNATURE AND TITUE OF CERTIFIE				29c. LICENSE NU D /5		29d. DATE SIGN	NED (Month, Day, Year)
10	30. NAME SS OF PERSON WH	SAINT Fough		, Print)				
	31. DATE FILED (MODITY DOWN 2019)	22 REBISTRAD'S SIGN.		2.				

BALTIMORE, MARYLAND 21203-314 urs after death. Page 6 may be retained by the hospital wed in by the funeral director, page 5 should be detached for , or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ster death. Page 6 may be retained by the hois TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89



IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(N	1)
1		1
		Н

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIFIC	CATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3.	TIME OF DEATH
	Daniel Crosby G	reene					MONTH 1.1	2 T	_		M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. I	st birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BIRTH		tun.	ACE (State or Foreign
	216=38=0140	1 X M 2 - F	81	YRS.	FONTHS DAY	S HOURS MIN.	(Month, D		1 0	ountry)	
	9e. FACILITY NAME (If not institution, give :	street and number)	01		9b. CITY TOW	N OR LOCATION OF I		29/10	9c. COUNTY C	ass.	
Œ							PEAIN				
E I	North Oaks Heal	th Center			McDo	nogh			Balti	mor	e
E I	10e. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LO	CATION				10	d. INSIDE CITY
5	Maryland Bal	timore		MaD	anagh						LIMITS?
-	10e. STREET AND NUMBER	CTHOLE		MCDC	onogh	10f, ZIP CODE				_	YES 2 X NO
FUNERAL DIRECTOR	725 Marrie 173								10g. CITIZEN	OF WHA	T COUNTRY?
쀨	725 Mount Wilson					21208			USA	1	
급	1 Never Merried 2 X Merried	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR	YES 2	RMED NO	13, WAS D	ECENDENT OF HISP/ specify Cuben, Mexic	ANIC ORIGIN? (S	Specify Yes	or No- 14. F	RACE -	American Indian, hite, etc.
B≺	3 Widowed 4 Divorced					ES 2 NO Spec		, wear		Specify:	
	45 DECEDENTIA SOL	1942-194	- Y								White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(0	ECEDENT'S U	rk done durina	TION most of working	16b. KI	ND OF BUSI	INESS/INDUSTR	RY.	
ا ت	Elementery/Secondery (0-12)	College (1-4 or 5+)	NA.	e. Do NOT usa	retired.)						
MP	0-12	PHD.	Pl	nysici	an			G	ov't.		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Midd	fle, Malden S	Surname)		
BE	Daniel Crosby Gr	eene, Sr.				Mario	on Lock	boow			INVI
	19e. INFORMANT'S NAME (Type/Print)		15	b. MAILING A	DDRESS (Street	et end Number or Rura			State Zin Code	-)	
2	Charlotte Greene										200
	20e. METHOD OF DISPOSITION		20h BL 40F			ilson La					
	1 Buriel 2 CCremetion 3 Rem 4 Oonetion 5 Other (Specify)	oval from State	cemetery cr	AND DATE OF ematory or other	ar niacel		DATE		ATION — City o		
	21. SIGNATURE OF FUNERAL SERVICE LIC	SENOTE -	TRAITI	more-v		rematory		Lau	rel, M	ary	land
	THE OFFICE EN	ENSEE)	0		AND ADDRESS OF F		· T.			
		71		2	1320	ose Funer	ar Hom	e, In	C.		43 01007
	25. PART Enter the diseases, or especially or heart failure	complications that c	guesd the d	eath Do no	TJZ0	SUIPHUL	Spr Tild	Ra.	Arbutu	S, I	Md. 21227
1	shock, or heert feilure.	Liet only one ceuse	on each lin	e	c enter the r	node of dying, su	cn ee cardiec	or reepin	atory erreet,	7,	Approximete Interval Between
4	IMMEDIATE CAUSE (Finei		1		- 1						Onset and Death
	disease or condition resulting in deeth)		the	um	nia						
		DUE TO (OR	R NE ACONSE	QUENCE OF)							
z			1850	inter							
CERTIFICATION	Sequentially ilet conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSE	QUENCE OF)							
5	cause. Enter UNDERLYING		CAL	A						3	
	CAUSE (Disease or injury thet initieted events	DUE TO (OF	AS A CONSE	QUENCE OF):							
E	resulting in death) LAST										
5											
ا لا	PART il. Other significant condition	e contributing to de	ath but not	recuiting in	the underly	ing ceuse given in	Part i. 24	. WAS AN A			RE AUTOPSY FINDINGS
EDICAL								PERFORM			MPLETION OF CAUSE
							- 11	YES 2	_ NO	OF	DEATH?
2							_			1 [YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL										
5	EXAMINER?	HOSPITAL:		To	THER:	PLACE OF DEATH (CI	neck only one)				
PHYSICIAN: M	1 YES 2 ND	1 Inpatient 2 El	R/Outpatient 3	DOA 4	Nursing He	ome 5 🗆 Reeldence	6 Other (Sp	ecify)			
E	27. MANNER OF SEATH	28e. DATE OF INJ (Month, Day,	JURY Year)	28b. TIME (NJURY AT YORK?	28d. DEŞCRI	BE HOW IN	JURY OCCURED)	
R	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
- 1	3 Suicide 8 Could not be	28a. PLACE OF IN	NJURY — At ho	ome, ferm, stre	rel, factory, of	lice	281. LOCATIO	N (Street en	d Number or Rui	ral Boute	Number
<u> </u>	4 Homicide determined	building, atc.	. (Specify)				City or To	wn, State)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
"	29e. CERTIFIER										
2	(Check only	CIAN: To the best of my									
COMPLETED	OHO) 2 MEDICAL EXAMINE	Couldne bessite of exace	notion and/or	Investigation,	in my opinion.	death occured at the	time, date end	piece, end	due to the ceur	ae(s) end	d menner ee steted.
ш	296. SIGNATURE AND TITLE OF CERTIFIES	11./	44.4			29c. LICENSE NU	MBER		29d. DATE SIGN	NED (Mo	oth One Year)
ם	///	HILL	ou	1)		1727	569		D 111.	7-7	10
2	SE NAME AND ADDINGS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type D	rint)	100)			, ,,,		171
	101(en	Hottlo	10 0	a.r j (rypa, rr	anj						
-	31. DATE FILED (Month One Year)	1011/	my.	1							
	DFC 02 1991	39 REGISTEUR'S	SIGNATURE TO	delle							
	DEC 0 % 1991	0	1								

ENDING PHYSICIAN: The law IDA: After this certificate has the fer death with the State Dept I B marked, or Item 23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

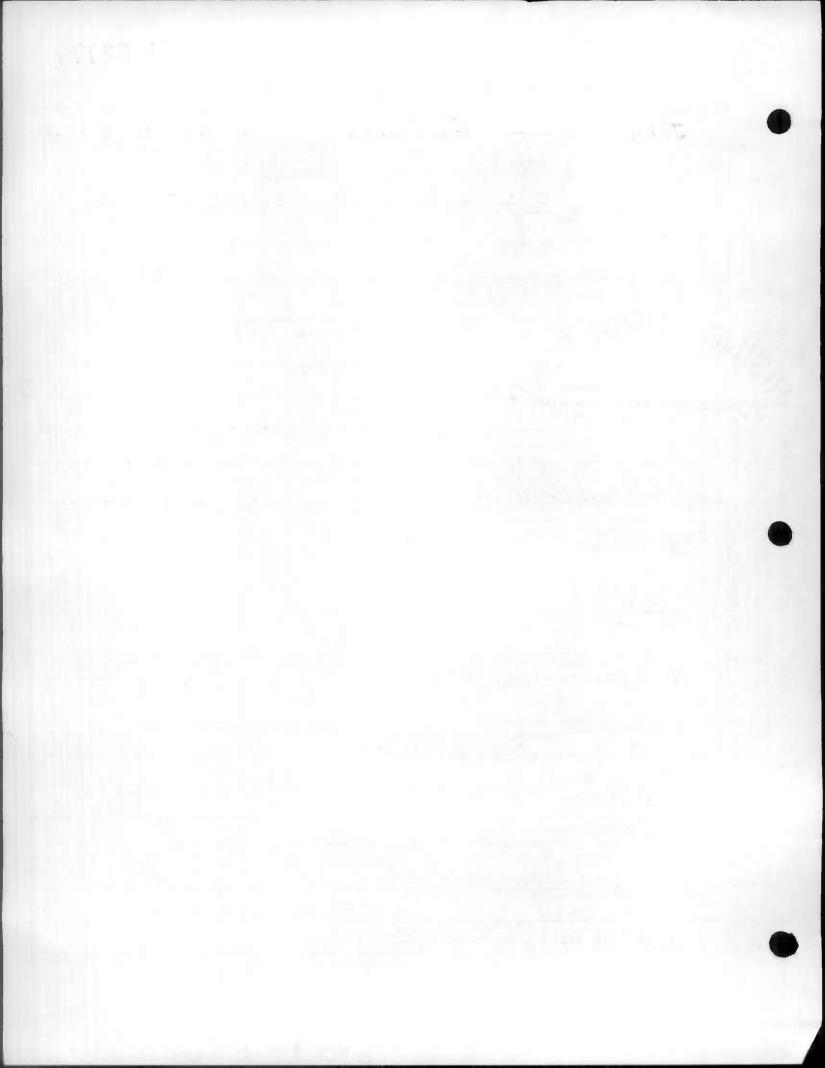
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		IENT OF HEA		ENTAL HYGIENE REG. NO.	1	32773
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
1	11 3	eresa G	eral	ed	- X	MONTH DAY		AR 17'15 Du
		5. SEX 6. AGE (In yrs.		Was a way a	100000000000000000000000000000000000000	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		1 M 2 F 69	MO		UNDER 24 HRS.	(Month, Day, Year) 10-8-1922		assachusetts
	9a. FACILITY NAME (If not institution, give street	et end number)	98	CITY, TOWN OR L	OCATION OF DEAT	Н	9c. COUNTY	OF DEATH
R	126 Carvel Beac	h Road		Baltimo	re		An	ne Arundel
5	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland Anne	e Arundel		own or Location timore				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
7	10e. STREET AND NUMBER			101. ZIF	CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	126 Carvel Beach	Road			21226	ALL DE LAND	U.S	Δ
Z		12. WAS DECEDENT EVER IN U.S.	ARMEN			ORIGIN? (Specify Yee		RACE — American Indian,
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WORLD WAR II		If yes, specify		Puerto Ricen, etc.)		Black, White, etc. Specify: White
0	15. DECEDENT'S EDUCAT		DECEDENT'S US	JAL OCCUPATION		16b. KIND OF BUSH	NESS/INDUS	
COMPLETE	(Specify only highest grade co	College (1-4 or 6+)	(Give kind of work life. Do NOT use re Housewi.	done during most of tired.)	working	Home M		
Z			Housewi					
8	17. FATHER'S NAME (First, Middle, Last)			16		(First, Middle, Meiden S		
BE		nthony Adamow				ina Horow		
2	198. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end I	Number or Rural Ro	ute Number, City or Town,	State, Zip Co	de)
F	William P. Gerald	Sr.	126 C	arvel Be	ach Road	d Baltimo	re, M	aryland 21226
	20e. METHOD OF DISPOSITION 1 57 Burlal 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)		tary, crematory or	pther place)				or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN		St. ve	22. NAME AND A	DDRESS OF FACI	LITY CT	OWNSY	IIIe, Maryland
11	(1) m	2	1.			ce Funeral	Home	P. A.
	Honna III	Inamuso	ushi	_		Hwv. Balti		
	23. PART I. Enter the disesses, or con							
		st only one causs on such	line.					interval Between Onset end Death
	IMMEDIATE CAUSE (Finel disease or condition	Ca luna	- orex	all				Onset end Death
- 3	resulting in death) a.	DUE TO (OR AS A CON	SEQUENCE OF):					
_			45/12/2007					
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	OUE TO (OR AS A CON	ISEOUENCE OF):					
2	ceuse. Enter UNDERLYING CAUSE (Disesse or injury							
E	that initiated events	DUE TO (OR AS A COM	ISEOUENCE OF):					
E	resulting in death) LAST							
2								
AL	PART II. Other significent conditions	contributing to death but n	ot resulting in	the underlying c	euse given in P	art I. 24s. WAS AN A PERFORE		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						1 YES 2		COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
								1 120 2 110
Z	ar was over presents to menon. I							
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	E OF DEATN (Chec	k only one)		
\S	1 TYES 2 XNO	1 Inpatient 2 ER/Outpatien		☐ Nursing Home	5 Residence 6	Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME (Y 26c. INJURY WORK		26d. DESCRIBE NOW IN	JURY OCCUP	REO
ВУ	1 Natural 5 Pending Investigation				2 NO			
DB	2 Accident 3 Suicide 6 Could not be	28s. PLACE OF INJURY - A	t home, farm, atre	et, factory, office		28t. LOCATION (Street or	nd Number or	Rurai Route Number,
	4 Nomicide determined	building, etc. (Specify)				City or Town, State)		
ш	290. CERTIFIER							
4P	(Check only	IAN: To the best of my knowledge						
COMPLETE	2 MEDICAL EXAMINER:	: On the basis of examination end	s/or investigation,	in my opinion, deat	n occured at the ti	lme, date end plece, end	due to the o	euse(e) end menner se stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER			21	C. LICENSE NUM	BER		IGNED (Month, Day, Year)
8	Mulatin	m			D08	1/18	▶ 11	122/91
5					0	11		

29d. OATE SIGNED (Month, Day, Year)

11/22/9/ 29c. LICENSE NUMBER 21401

	per F. 11. G-002 12/13/91 140	
FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STATE		
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		12 T 20			2. DATE OF			3. TIME OF DEATN
	JOHN GI	ATANTS G	aitanis			MONTH	23	YEAR	630 pm
	4. SOCIAL SECURITY NUMBER 216-10-1990	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Did		Count	NPLACE (State or Foreign ny) nsylvania
DR	90. FACILITY NAME (If not institution, give s Francis Scott Key	treet and number)			or Location of Di			UNTY OF D	
5	RESIDENCE OF DECEDENT								
DIRECTOR	Md •	Y		town on Local					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	505 Savage St.			1	21224		10g. CI		WHAT COUNTRY?
R	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yee, e	CENDENT OF NISPAI pecify Cuban, Mexica \$ 2 NO Specif	in, Puerlo Rice		Spec	E — American Indian, kk, White, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S (Give kind of w	ork done during n	ION lost of working	16b. Kil	ND OF BUSINESS/II	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)	Painte:			L	ocal # 1		
5	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	dle, Maiden Sumame,)	
BEC	George Giatani s	Gaitanis			Marke:	lla			
	19e. INFORMANT'S NAME (Type/Print)	10.			and Number or Rural	Route Number,		Zip Code)	
2	Eugenia Sollon		505 S	avage S	t., BAlto	o. Md.	21224		
	20e. METNOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	ioval from State	Ob. PLACE OF DISPOS other place)	ITION (Name of c	emetery, crematory or		20c. LOCATION		
	21. SIGNATURE OF PUMERAL BERVICE LI	DÉNSEE //	Oak Lawn (22. NAME	ND ADDRESS OF FA	CILITY	L_Balto	-, Md	
	Afail midt	Stack	M00550	2134	ley-Ashto Willow S	on Fund	eral Hom	e, Ir	nc. .Md. 21222
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS	6 A CONSEQUENCE OF):					
SE		d							1
MEDICAL	PART II. Other eignificent condition	na contributing to death	but not resulting i	n the Underlyi	ng cause given in		NAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATN (C)	heck only one)			
2	EXAMINER?	HOSPITAL:	utpetient 3 0 004	QTHER:	me 5 🗆 Residence		Panolful.		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Year	Y 26b, TIMI	E OF 26c. II	JURY AT ORK?		RIBE NOW INJURY	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, a pecify)				ON (Street and Num Town, State)	ber or Rural	Route Number,
COMPLETED	onel -	BICIAN: To the best of my kn ER: On the basis of examine							(a) end manner es stated.
10 BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Denma	n Ml)	0 2 35	184	29d. D	ATE SIGNE	0 (Month, pay, Year)
	30. NAME AND ADDRESS OF PERSON WI	in 550	5 Hopk	kins B	ayview	Circl	e Bali	+ M	d21224
	31. DATE FILED (Month, Day, Year)	32. HEGISTRAN'S SI	GNATURE Pandall		1				

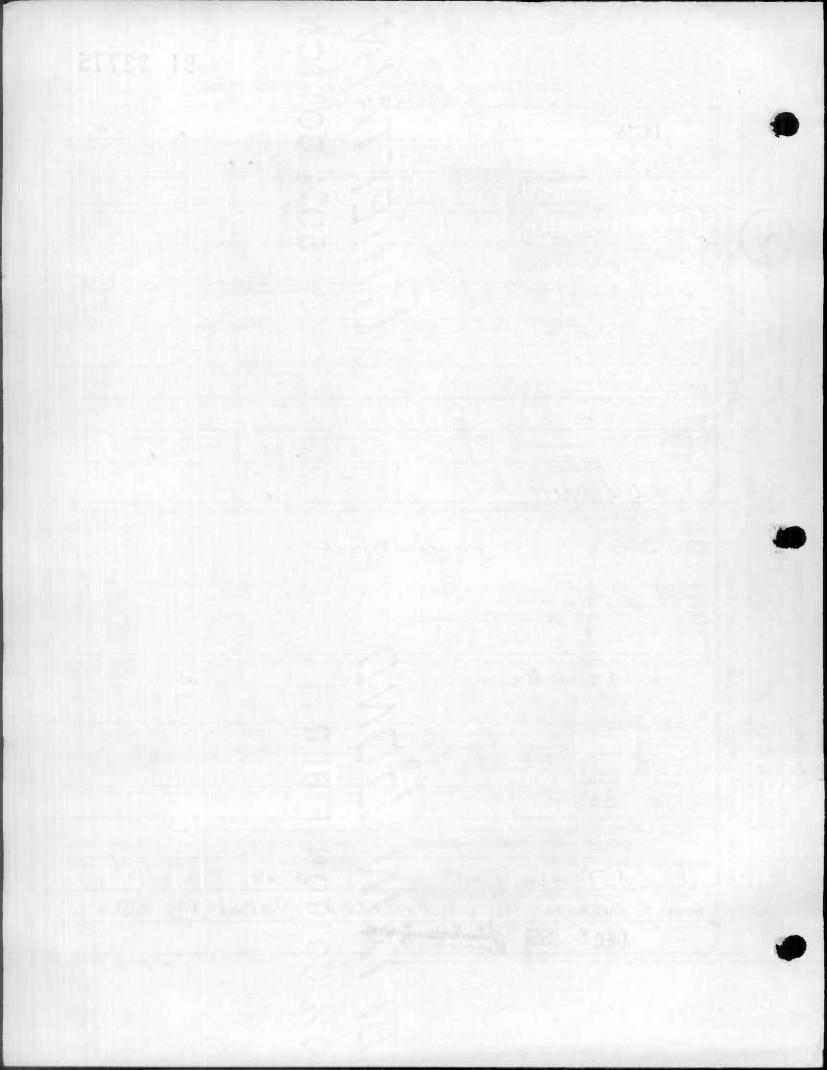


TO BE COM	TO BE COMPLETED BY PHYSICIAM: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
r the funeral director, page 5 should be detache loval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely hined in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with wirs after death. Page 6 may be retained by the hos
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAI CERTIF	RTMEN	T OF HI	EALTH AND	MENTA			32	115
	DECEDENT'S NAME (First, Middle, Last)	GROSS	OLMIII	ICAI	LOF	DLAIN	NOV	of DEATH BY	26,19	3. T	1ME OF DEATH 8:50p M
	412 74 1090	□ M 2 X X	rs. lest birthdey) 81 YRS,	IF UNOE MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan	of BIRTH	10 E	O Lar	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street Hebrew Home of RESIDENCE OF DECEDENT	Greater Washington			y, town of CKVi	location of Di	EATH		Monto	OME 1	
DIRECTOR	Maryland Montg	omery		,	or Location						. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 402 East Indian					2IP CODE			USA		COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES :	NO	13.	It yes, spec	INDENT OF HISPA city Cuban, Maxica 2 NO Specti	nn, Puarto		or No 14	Black, Wh	American Indian, lita, etc. Vhite
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondery (0-12)	mpleted) College (1-4 or 5+)	Give kind of life. Do NOT a	work done use retired.)	during most	N t of working		Own H		STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Unknown Solomon					18. MOTHER'S NA Unknow		Middle, Maiden	Surname)		
0	190. INFORMANT'S NAME (Type/Print) Frederick Gross					above	Route Num	ber, City or Tow	n, State, Zip C	ode)	
	20a. METHOD OF DISPOSITION 130 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	of feering Charles Cf.	har nianal			etery, crematory or Gdns.1	1/2		Olnes		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		,	22 I	ves-	Pears Churc	on F	unera			
	23. PART I. Enter the diseases, pr conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused that only one cause on each	ilne.	not ente	r the mod	le of dying, suc	h aa can			nt,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE (OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions		npt reaulting	in the u	inderlying	cause given in	Part i.	24a. WAS AN PERFOI	RMED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO WPLETION OF CAUSE DEATH? YES 2 NO
SICIAN		HOSPITAL:		ОТНЕ	H:	ACE OF DEATH (C)					
	27. MANNER OF DEATH 1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TI		28c. INJU WOF			SCRIBE HOW	INJURY OCCU	RED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida datarmined	28a. PLACE OF INJURY	At home, ferm	, atreet, te	ctory, offica		28t. LOC City	ATION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLE	enel enel	AN: To the best of my knowled On the basis of examination as									d manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	drang, m				29c. LICENSE NU D 391			29d. DATE :	SIGNED (MO	nth, Day, Year)

29c. LICENSE NUMBER
D39166 29b. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER
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DHMH-18 Rev 1/89

Q.		d	i pe		
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 irours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit per be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	TIEGIOTTIATI			ENTIF	TOATI	CUL	DEA	I III	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Li	J.			Cl ==				2. DATE OF D	EATH DA	Y	YEAR	3. TIME OF DEATH
	William 4. SOCIAL SECURITY NUMBER		UE	RST :	Sr.				Novem		26.1	991	11:44 A M
	219-20-7423	5. SEX	6. AGE (In yrs. le 78	est birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF B	191	3	Countr	PLACE (State or Foreign ary land
	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			9c. COUN		-
DIRECTOR	Franklin Squar					Ro	ssvi	lle			Ba1	timo	re
E C	10a. STATE 10b. COL			10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
	Maryland 100. STREET AND NUMBER	Baltimore				-	rry I						LIMITS?
FUNERAL	9117 Snyder La.	ne				101	r. ZIP COD	211	L28		10g. CITIZ	USA	YHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Naver Married 2 Married 3 2 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X			If yea, sp	ENDENT C	ın, Maxicai	IIC ORIGIN? (Sp n, Puarto Rican,	ecify Yaa , atc.)	or No—	14. BACE	— American Indian, c, Whita, atc.
	20	1											WIIIte
=	15. DECEDENT'S 8 (Specify only highest gr	ade completed)	(5	ECEDENT'S Give kind of e. Do NOT u	work done			ng	16b. KIND	OF BUS	INESS/IND		Water &
COMPLETED	3rd grade	College (1-4 or 5	+)	Labor					Bal	to.	Coun		Sewer Dept.
SO	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle,		Sumame)		
BE (Peter Henry G	erst							Sindal				
0	19a. INFORMANT'S NAME (Type/Print) Mrs. Elizabeth	M Boares	19	96. MAILING	ADDRESS	(Street a	and Number	or Rural R	erry Ha	ity or Town	State, Zip	Code) 211	20
	20a. METHOD OF DISPOSITION XXXXBGrist 2 Cremation 3 R		20b.PLACE	AND DATE	OF DISPOS	ITION /Na	ime of		DATE		ATION (
	4 Donation 5 Other (Specify)		Cemetery, cr	Jos.						Ful	lert	on,	Maryland
	21. SHOMATURE OF PUMERAL SERVICE		,51		22.		sahn		eral H	ome			
	23. PART i Enter the diseasee,					740)1 Be	lair	Rd. B	alto	M	d. 2	1236
	immediate Cause (Finel disease or condition resulting in death)	Ruptu	red Abdo	•. omina	1 Ao								Approximete Interval Between Oneet end Deeth
NO	Sequentially list conditions,	b	(OR AS A CONSE										
CAT	if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	C											
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
2	PADT II Other significant condit	lana and the state of											
MEDICAL	Congestive	Heart Fa	a i luno	resulting	in the un	deriying	ceuee (jiven in i	Part i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED	Coronary A	rtery Dise	2350						_ 10	YES 2	X NO		COMPLETION OF CAUSE DF DEATH?
	Huge Ventr		-										1 YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF D	EATH /Cho	ck only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	3 DOA	OTHER	R:			8 Other (Spec	- 4.			
¥ ∥	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	aldenca (28d. DESCRIBE		JURY OCC	URED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, D.	ay, Year)	INI	URY M		RK? ES 2	NO					
	3 Suicida 6 Could not l	28a. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, s	street, fact	ory, offici			28f. LOCATION City or Tow	(Street and	nd Number o	or Rural R	oute Number,
COMPLETED		YSICIAN: To the best of											and manner as stated.
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	ASH WIN	E M	E OF DEATH (ITE	M 27) (Type,	Print)	15	76	ME	RRIT	7 /	3L VI	BI	4110
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SOCIAL SECURITY NUMBER 10 SERVICE STATE SERVICE STATE SERVICE STATE SERVICE		1. DECEDENT'S NAME (Fin		·							REG. NO 2. DATE OF DEATH	_		3. TIME OF DEA
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Washington Adventist Hospital Takona Park Montscorery Basington Adventist Hospital Takona Park Montscorery Basington D.C. Washington D.					45	YRS.	MONTHS.	UNI 3	HOOKS	wire.	5-30-1	946	Chi.	<u>ľe</u>
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College (14 or 5 +) Teacher D.C.Government D.C.Go	TEC	15. DE (Specify or	CEDENT'S ED	UCATION le completed)	16	(Give kind of v	work done d	CUPATIO	ON st of working	na .	16b. KIND OF BU	SINESS/IND		
Name of Death Consider Security Securi	Z.E.	Elementary/Secondary	(0-12)		+)	IIIe. Do NOT us	se retired.)			3	200			
PART II. Other algrificant conditions, and the state of t	OMI	17. FATHER'S NAME (First	Middle Lash	J+		reache	L						ent	
TISE. INFORMANTS NAME (PyperPrint) THE MALINO ADDRESS (Street and Number or Ruse Route Number, City or Saw, Stein, Zig Code) The Marial S. M. M. (PyperPrint) The Marial S. M. (Pyper			_	Bello					_	_	- 1		arac	
Charles F. McMunn (Per.Rep.) 1884-Columbia Rd., NW, #108, Washington, D.C. 2000 200. FLACE AND DATE OF DEPOSITION/Immediate Control College Columbia Rd., NW, #108, Washington, D.C. 2000 201. BIGNATURE OF PUNERAL SERVICE LICENSEE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NWALLILam Lee's Completed No. No. 23, 1991 Washington, D.C. 20002–58 23. PART I. Enter the disease, or completations that cached the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervention of the control of the cont	00			DOTTO		19b. MAILINO	ADDRESS	(Street a			~			
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1. DECEDENT'S NAME (First, Middle, Last)	BABY	LATISHA	A HU	TCHERS	ON	2. DAT	E OF DEATH			3. TIME OF	DEATH
LATISHA				CHISON		1 MON	TH 25	19	9 94	7:35	A
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N/A	1 M 2 F		YRS.	MONTHS DAYS	HOURS MIN,	7	-31-9	1	Count	"	ID
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	NTY OF D	EATH	
561 BAKER S'	TREET			BALT	LIMORE	CITY	2				
10e. STATE 10b. COUNT	ГУ		10c, CITY	, TOWN OR LOCA	TION					10d. INSIDE	CITY
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3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			S 2 X NO Spec		, , , , , , , , , , , , , , , , , , , ,			BLACK	
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(Specify only highest gradi Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Ghv	ve kind of w Do NOT use	ork done during m	ost of working		D. KIND OF BOS	III COOTIND	03111		
CHILD				CHILD			CHILI)			
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190. INFORMANT'S NAME (Type/Print)	IED COTT				and Number or Rural						
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3. TIME OF DEATH

REG. NO

PAY

2. DATE OF DEATH

1 - STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

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1,1991 YEAR MONTH DECEMBER 3:03 A. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Qay Viner) DEC. 19, 1916 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-12-0964 1 XX 2 | F MONTHS DAYS HOURS YRS MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH ST. AGNES HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND **BALTIMORE** CATONSVILLE 1 TYES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1032 CRAFTSWOOD ROAD 21228 the burial-transit U.S.A. retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES XXNO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: WHITE use as ETED. 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) for Elementary/Secondary (0-t2) College (1-4 or 5+) COMPL STEEL WORKER be detached DIETRICH STEEL t7. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) 100 HENRY HILDEBRANDT LENA LESFELT notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PATRICIA GRAHAM (DAUGHTER) 1032 CRAFTSWOOD ROAD, CATONSVILLE, MARYLAND 21228 after death. Page 6 may be Pe 20a. METHOD OF DISPOSITION
1 □ Burlel 200 Cremetion 3 □ Ramoval from Stata
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata director, must METRO CREMATORY 12/2/91 CATONSVILLE, MARYLAND IL SIGNATURE OF FUNERAL PRVICE LICENSEE examiner 22. NAME AND MODRESS OF FACILITY funeral wer completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such ee cerdiec or respiretory errest, Approximate within 24 hours shock, or heart fellure. List only one ceuse on eech line. intervei Between IMMEDIATE CAUSE (Finel Oneet and Deeth the disease or condition event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) an and com executed 266BROVAJUNDA traumatic CERTIFICATION Sequentielly liet conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING DSEPJU attending physician ntal Hygiene prior to death certificate be CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): thet initieted evente reculting in deeth) LAST 0 been signed by the attent. of Health and Mental injury, PART ii. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert i. that the MEDICAL 24a. WAS AN AUTOPST PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE 1 YES 2 196 1 YES 2 NO CIAN: this certificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL: TO THE HOSPITAL OR ATTENDING PHYSICIAN:
TO THE FUNERAL DIRECTOR: After this certifical
or see a first 72 hours after death with the Sta OTHER: PHYSI 1 Inpetient 2 Elimentum lant 3 00A 4 Nursing Homa 5 Residence 8 Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY Natural 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 5 Pending BY M 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 03 4 Homicide datagminad Ē 29s. CERTIFIER 1 CRATIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29h SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 113260 DEC 0 2 1991 Julia Deviden-Randal DHMH-16 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

VINCENT HENRY HILDEBRANDT

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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, MI	iddie, Last)				ICATE OF	DEATH	2. DATE O	REG. NO			3. TIME OF DEATN
		FRANK J.					NOVE	MBER	30,1	991	2:45 P.
4. SOCIAL SECURITY NUMBER 216-10-3999		1XXM 2 □ F	6. AGE (In yrs. 80	fast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE O	BIRTN Day, Year)	911	Count	YLAND
9a. FACILITY NAME (If not institute 4910 WESTHII	LLS RC	,			96. CITY, TOWN BALT	OR LOCATION OF IMORE	DEATN		9c. COU	NTY OF D	PEATN
	b. COUNTY			-	Y, TOWN OR LOCA BALTIMOR						10d. INSIDE CITY LIMITS? 1XXYES 2 \(\) NO
100. STREET AND NUMBER 4910 WESTHIL	LLS RO)AD				H. ZIP CODE	29		10g. CIT	U.S	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Mar XX Widowed 4 Divorce	rried	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	ARMED	It yea, sp	CENDENT OF HISP pecify Cuben, Maxi S 2 XIXO Spec	ANIC ORIGIN?	(Specify Year can, atc.)	or No—	14. BACE	E — American Indian, k, White, etc.
15. DECEDE (Specify only hig Elementary/Secondary (0-12) 12		ATION ompleted) College (1-4 or 5+)		(Give kind of a life, Do NOT us		ost of working		IND OF BUS			
17. FATNER'S NAME (First, Middle FRANKLIN J. H				ERMIN	AL SUPER	18. MOTNER'S N			Surname)	L CO	MPANY
19a. INFORMANT'S NAME (Type/				19b. MAILING	ADDRESS (Street a					Code)	
FRANK HIMMEL		(SON)	1		WESTHIL		, BALTI	MORE,	MD.	212	29
20a METNOD OF DISPOSITION A Burial 2 Cremation 4 Donation 5 Other (Spe	3 🗆 Remov	al from State	NEW C	CATHE.	DRAL CEM	iETERY	DATE 12/4/91		CATION —		
21. SIGNATURE OF FUNERAL SE											
VK. Cia	in h	to ko	4.		1630	EDMONDS	JSSELL ON AVE	C. W	ITZK	E FUI	NERAL HOMES
23. PART I. Enter the disease shock, pr hearl IMMEDIATE CAUSE (Final disease or condition resulting in death)	ig Le	mplications that at only one caus	caused the ce on each iir	14.	1630 not enter the mo	EDMONDS(JSSELL ON AVE	C. W	ITZK	E FUI	NERAL HOMES LE, MD.2122 Approximata interval Batween Onset and Death
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DEC 02 1991

Jula Davidson-Ronder

DHMH-16 Rav 1/89

BALTIMORE, MARYLAND 21215-0020	a nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Realth and Mental Hydiene prior to burial, cremation, or removal.	a prompted a contract of the second for the second
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burnal, cremation, or removal.	IMPORTANT IN item 28 is marked or item 23 shows any interior or other trainmasts around the medical assembled to another trainmast and around the medical assembled to another trainmast and around the medical assembled to another trainmast and around the

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	Marvin D. 4. SOCIAL SECURITY NUMBER	Holmes 5. SEX	6. AGE (In yrs. Is	10000	IT IMPER A	(FAB 15		111	27	1	991		
	216-52-8572	1 XX 2 - F	43	YRS.	IF UNDER 1 Y		UNDER 24 HRS. URS MIN.	NO NO	TE OF BIRTH Conth, Day, Year) V. 14,1	948	Count	ny)	E (State or Foreign
0"	9a. FACILITY NAME (If not institution, give s	treet and number)	n fron	- of	9b. CITY, TO	OWN OR LO	OCATION OF	DEATH		9c. COU	NTY OF D	EATH	
RECTOR	in auto in parki residence 2911 (bl RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		Way		Car					Ba1	tim	or	e
	MARYLAND BA	LTIMORE		10c. CITY	CARNE							79.00	INSIDE CITY LIMITS? YES 2XXNO
3AL	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CITI	ZEN OF	WHAT (COUNTRY?
Ä	2911 COLD STREAM	WAY A	PT. B			2	1234			1	J.S.,	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2XX	RMED	H ye	es, specify	ENT OF HISP Cuben, Mexi- XNO Spec	can, Puer	GIN? (Specify Yea to Rican, etc.)	or No—	14. RACI Bleck Spec	k, Whit	merican Indien, le, etc.
ED	15. OECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16a. Di	ECEDENT'S	USUAL OCCL	PATION			16b. KIND OF BUS	SINESS/IND	USTRY		
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5	+) life	LESMA		ng most of	working		UNIFORM	COMI	PANY		
O	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S N	_	st, Middle, Maiden				
BE	MARVIN D. HOLMES 190. INFORMANT'S NAME (Type/Print)	SR.	140	h MAII INC	ADDRESS (C		HELI	EN L	OUISE D	UFFEY	-		
5	MARVIN D. HOLMES								umber, City or Town			. 21	228
	20a NETHOD OF DISPOSITION 1 A Auriel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify)	oval from State			MEMOR		PARK 1	12/2/		SVILL			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 1		22. NAI	ME AND AD	DORESS OF F	ACILITY					
	Mic Craig	Wite	ef		163	O EDI	MONDS	ON A	VENUE, C.	ATONS	SVILI		AL HOMES MD.21228
	23. PART I. Enter the diseases, for canada ahock, or heart failure.	complications tha List only one cau	t caused the de se on each line	eath. Do n	ot enter the	e mode o	f dying su	ah as da					Ammunutur va
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	8	hadone	intox	icati			CH SE C	erdiac or reapi	rstory arr	est,		
SERTIFICATION	diseese or condition	DUE TO		intox OUENCE OF	icatio		, cynig, co	en sa c	erdiac or reapi	rstory arr	est,		Interval Between
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DEC 0 2 1991 June 1991

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF MA		CERTIFI	CAT	FOF	DEAT	TH		REG. NO			
1. DECEDENT'S NAME (First, Middle,	Last)						DEA		2. DAT	E OF OFATH			3. TIME OF DEATH
TERRY					НОН	RN			MON		MAY 1	9547	7:50 A
4. SOCIAL SECURITY NUMBER	5	SEX 6	. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER			E OF BIRTH		8. BIRTI	IPLACE (State or Foreign
214-52-7981		▼ M 2 □ F	37	YRS.	MONTHS	DAYS	HOURS	MIN.		2-54		MAR	YLAND
9a. FACILITY NAME (If not institution,				100	9b. CITY	Y, TOWN C	R LOCATI	ON OF O	EATH		9c. COL	INTY OF D	EATH
CARROLL COL		GENERA	AL HC	OSP	WES	STMI	NST	ER	28.4		CAR	ROLI	L
10e. STATE 10b. Ct				10c. CITY	, TOWN	OR LOCAT	TON						10d, INSIDE CITY
MARYLAND CA	RROL	L		HA	MPST	ΓEAD							LIMITS?
10e. STREET AND NUMBER						101	. ZIP CODI	E			10g. CIT	IZEN OF Y	WHAT COUNTRY?
2009 "B" HANO	VER	PIKE					210)74				USA	
11. MARITAL STATUS		PORCES? 1	VER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIG	ilN? (Specify Ye	a or No-	14. RACE	E — American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced		IF YES, GIVE WAR	OR DATES				2 XNO			o Rican, atc.)		Speci	
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(Specify only highest Elementary/Secondary (0-12)	1	ollege (1-4 or 5+)		(Give kind of we life. Do NOT use	ork done	during mos	st of working	ng	110	bb. KIND OF BU	SINESS/IN	DUSTRY	
12 th		onege (1-4 or 5+)	S	ERVICE	MAN	NAGEI	3			CONST	RUCT	ION	
17. FATHER'S NAME (First, Middle, Las	it)						18. MOTH	HER'S NA	ME (First	, Middle, Meider	Sumeme)		
DENVER H. HOR	N							ARLI			NKIN	S	
19a. INFORMANT'S NAME (Type/Print)				19b. MAILING	DDRES	S (Street a	nd Number	or Rural I	Route Nui	mber, City or Tov	rn, Stete, Zi	p Code)	
ROSEMARY HORN				2009	"В"	HANC	OVER	PIK:	E, H	LAMPSTE	AD, M	D 21	1074
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3		I from Stata	20b. PLAC	CE AND DATE OF	F DISPOS	SITION (Na	me of		1		CATION -		
4 Donation 5 Other (Specify) 21. Signature of Fundanal Service			GLEN	HAVEN						-3 GLE	N BU	RNIE,	MARYLAND
2016	()	CH					RD FU			OME IN	С.		
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23. PART i. Enter the diseases, ehock, or heert fell	or com	plicatione that c	eueed the	death. Do no	4]	the mod	VILKE de of dyl	ng, suc	AVE,	BALTI rdlec or reep	MORE Iretory ar	, MD	Approximete
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24 nours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

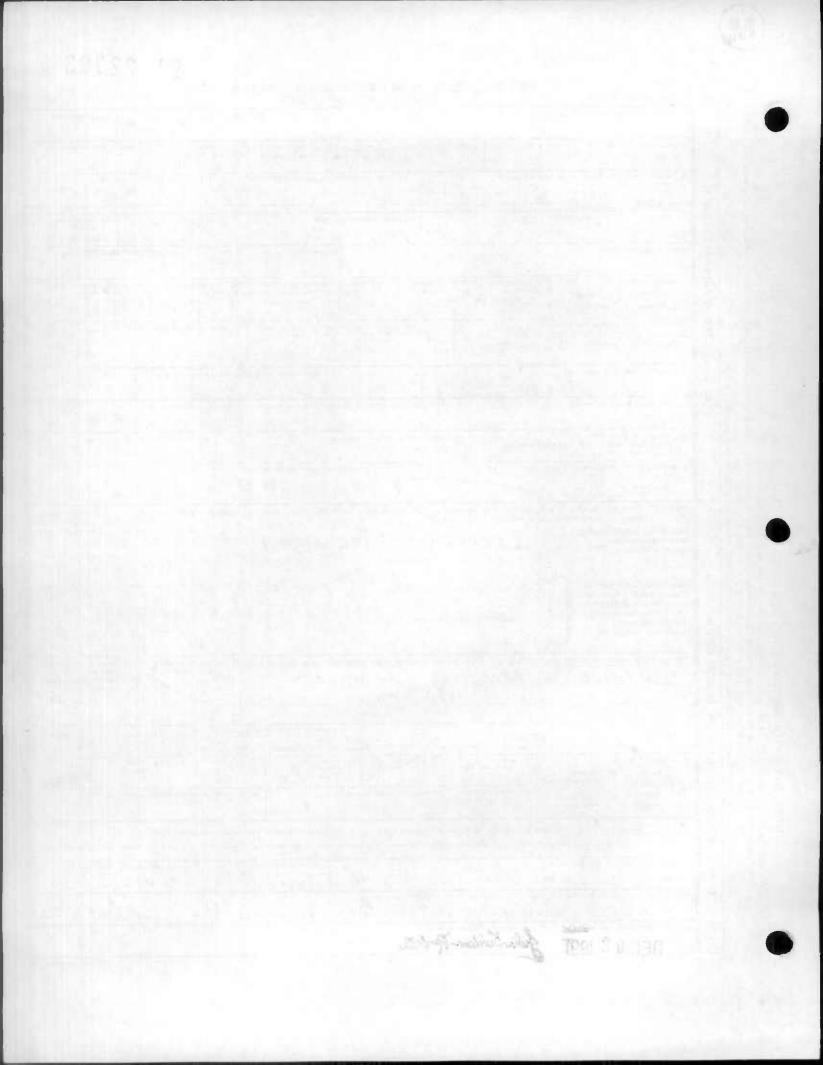
Julia Davidson Bondalle

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR

1. DECEDENT	S NAME (First, Middle, Las								2. DAT	E OF DEATH	AY.	YEAR	3. TIME OF DEATH
	WALTER	HAMMOND							11	723/19	91	, and	
The state of	CURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	DAY8	IF UNDER	24 HRS.	(Mor	of BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	10-9795 NAME (If not institution, giv	1 M 2 F	85	YRS.						/2/06			RYLAND
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10e. STATE	DE OF DECEDENT	ITY		10c, CIT	ry, TOWN (OR LOCAT	ION						404 bloom out
MARYLA	AND				ALTIM								10d. INSIDE CITY LIMITS?
10e. STREET A	AND NUMBER			1 101	711 1 1 1 1		ZIP CODI	E			100 CIT	IZEN OF V	1 X YES 2 NO
4643	MANODDENE	RD.				2	21229				USA		THE COUNTY
11. MARITAL S	TATUS	12. WAS DECEDEN	TEVER IN U.S. AF	RMED NO		WAS DEC	ENDENT C	F HISPAN	n, Puarto	N? (Specify Yea		14. RACE Black	- American Indian,
3 W Wildowed	1 4 Divorced	•	1945					op comy				B	LACK
Elementary	15. DECEDENT'S EI (Specify only highest gra //Secondery (0-12)	College (1-4 or 5	(G	ECEDENT'S Give kind of a. Do NOT u	work done i	CCUPATIO during mod	ON st of workin	9	16	b. KIND OF BU	SINESS/IND	DUSTRY	
17. FATHER'S N	NAME (First, Middle, Last)						18. MOTI	IER'S NA	ME (First,	Middle, Malden	Surname)		
THOM	IAS HA	MMOND					J0	SEPH	HINE	HOLLA	AND		
19a, INFORMAN	NT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a				nber, City or Tow		Code)	
MARJ	ORIE BROW	N								TIMORE			229
20a, METHOD	OF DISPOSITION	moval from State	20b.PLACE	ANDDATE	OF DISPOS				DA		CATION -		
4 Donation	5 Other (Specify)		CROWN	NSVIL	LE V	.A.	CEME'	TERY	11/2	29/91 0	CROWN	SVIL	LE, MD.
21. SIGNATURE	OF FUNERAL SERVICE	OCENSES.					D ADDRE	S OF FAC	CILITY				
1	A COMENIAL SENTICE	Constant C	1										
N	Phral	for S	12	>						NERAL F	HOME,	P.A.	. 21217
	Enter the diseases, b	r complications the	of caused the de	eath. Do r	E 1	STEP 300	BRO EUTA	THER W PL	ACE	NERAL F BALTI	HOME . IMORE	P.A. MD	Approximete
immediate disease or c resulting in Sequentially If any, leadir couse. Enter CAUSE (Dise	Enter the diseases, pshock, pr heart failure CAUSE (Final condition deeth) r list conditione, ng to immediete r UNDERLYING	e	COR AS A CONSE	OUENCE OF	Finot enter	STEP 300	BRO EUTA	THER W PL	ACE	VERAL F BALTI	HOME , IMORE	P.A., MD	Approximete interval Between
iMMEDIATE disease or c resulting in a Sequentielly If any, leedir couse. Enter CAUSE (Dise that initiated resulting in a	Enter the diseases, D shock, Dr heart failure CAUSE (Final condition deeth) r list conditione, and to immediate r UNDERLYING ease or injury disease or injury disease.	e. DUE TO b. DUE TO c. DUE TO d. DOBE Contributing to	COR AS A CONSECUTION OF AS	OUENCE OF	Finot enter The Fire Fire Fire Fire Fire Fire Fire Fir	STEP 300 the modern state of the modern state of the modern state of the state of t	BRO EUTA de of dyl	THERW PL	ACE of the second	NERAL E BALTI diec or respi	AUTOPSY IMED?	reet,	Approximate Interval Betwee Oneet and De One
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IMMEDIATE disease or cresulting in a sequentially if any, leedir couse. Enter CAUSE (Dise that initiated resulting in a sequentially in a sequential initiated resulting resulting initiated resulting resulting resulting resulting r	Enter the diseases, Dehock, Dr heart failure CAUSE (Final condition deeth) I list conditione, Ing to immediate to UNDERLYING ease or Injury dievente deeth) LAST LONIC REFERRED TO MEDICAL	DUE TO	COR AS A CONSECUTION OF AS	OUENCE OF	Finot enter The Fire Fire Fire Fire Fire Fire Fire Fir	STEP 300 the mpo	BRO EUTA de of dyl	THERW PL	ACE. h ss car	24a. WAS AN PERFOR	AUTOPSY IMED?	reet,	Approximate interval Betwee Oneet and De One
immediate disease or c resulting in a sequentially if any, leadir couse. Enter CAUSE (Diseathat initiated resulting in a sequential in the	Enter the diseases, pehock, pr heart failure CAUSE (Final condition deeth) Ilist conditione, may be immediate or UNDERLYING ease or Injury deeth) LAST REFERRED TO MEDICAL 7	e. DUE TO b. DUE TO c. DUE TO d. DOBE Contributing to	COR AS A CONSECUTION OF AS	OUENCE OF	FI THERE	STEP 300 the moderlying	BRO EUTA de of dyl MB ceuse g	THERW PL ng, such	ACE, h ss car	24a. WAS AN PERFOR	AUTOPSY IMED?	reet,	Approximate Interval Betwee Oneet and De One
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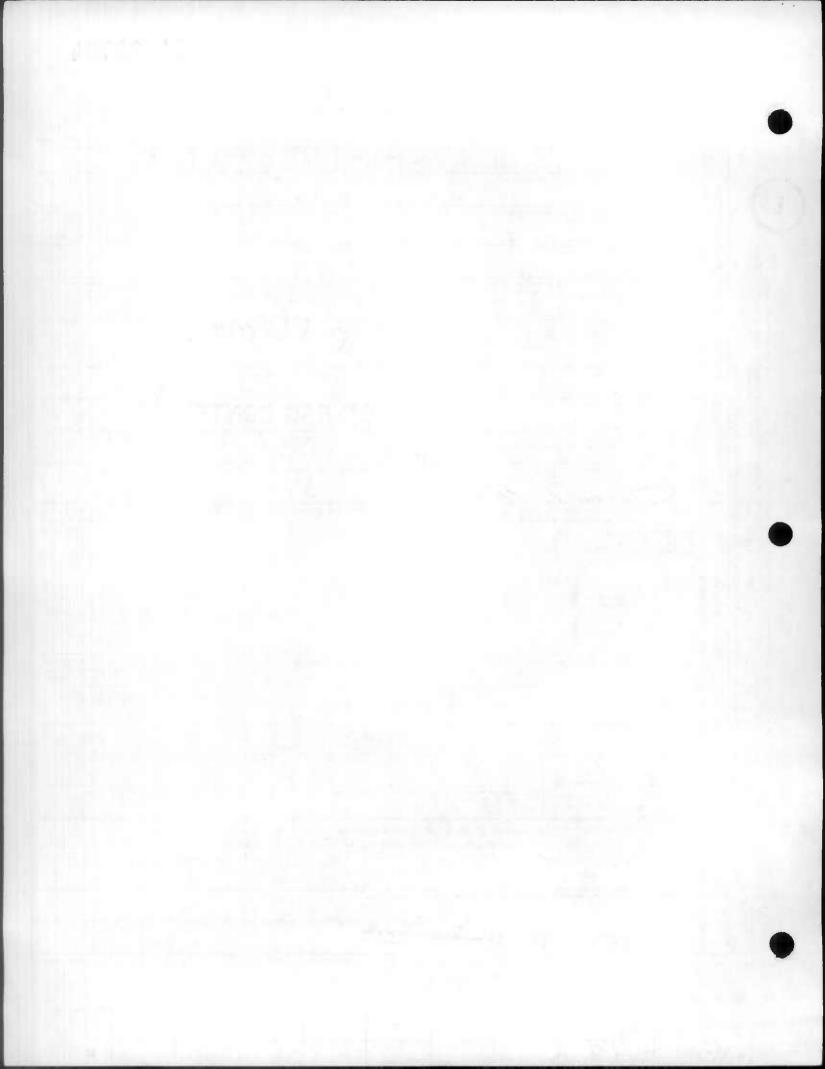


DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
DIVISION OF VITAL RECORDS, P.O. BOX 131	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-x-surs after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT: If

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		0	CERTIF	ICATE OF	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Mid	99.11					2. DATE	OF DEATH	mber 21, 1991		3. TIME OF DEATH	
Herman Russ	sell	Haygood				Nove	ember :	21,	1991	1:02 P	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE	OF BIRTH h, Day, Year)		6. BIRTI	IPLACE (State or Foreign	
429-05-7110)	1 🔀 M 2 🗆 F	74 YRS.	MONTHS DAYS	HOURS MIN.	Oct		1917		cansas	
9e. FACILITY NAME (If not institu	ition, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF D	EATH		A CONTRACTOR OF THE PARTY OF TH	JNTY OF E		
N	Malcolm Grow USAF Medical Center Andrews AFB, MD Prince Georges										
				TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
Virginia 100. STREET AND NUMBER			Annandale			11111	18e. CITIZER		TIZEN OF	1 YES NO	
					101. ZIP CODE			10			
7408 Masony	ille		NT EVED IN H.C. ADMED				E — Amaricen Indian,				
1 Never Married 2 Me 3 Widowed 4 Divorce		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES		If yes, e	pecify Cuben, Mexic S 2XXNO Spec	en, Puerto		e or 140—	Blac	Black, White, etc. Specify: White	
15. DECEDI	TAIT'S EDIA	WW I			1011					irre	
(Specify only his	ghest grade	completed)	(Give kind of	S USUAL OCCUPAT work done during in	lost of working	100	. KIND OF BU	21ME22/16	NDUSTRY		
Elementary/Secondary (0-12)		College (1-4 or 5	+)								
17. FATHER'S NAME (First, Middl	la dansi		Ret.	CO.L.	Lan MOTURNIC III	ANE (E)	USAF	Dum.			
					18. MOTHER'S N						
Herman Ray		od					lle Ru				
19a. INFORMANT'S NAME (Type	(Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rura	Route Num	ber, City or Tov	vn, State, Z	(ip Code)		
Ray Haygood		1)			Cir. Co			21044			
20e. METHOO OF DISPOSITION		ovel from State	20b. PLACE OF DISPO	20b. PLACE OF DISPOSITION (Name of cemetery, cremato					LOCATION — City or Town, State		
4 Donetlon 5 Other (Sp	ecify)		Arlington	n Nation	al Cemet	ery	Ar	ling	ngton, Virginia		
21. SUMATURE OF FUNERAL S	ERVICE LIC	CENSEE	111	22. NAME AND ADDRESS OF FACILITYMUTE				hy Funeral Home			
Yawa	1	20	/,							n, VA 2204	
immediate cause (Final disease or condition reculting in deeth) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	te	DUE TO	atic Bladde: O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	OF):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	1	DUE TO	O (OR AS A CONSEQUENCE	OF):							
PART II. Other eignificant	IT II. Other eignificant conditions		o deeth but not resulting	j in the underlyl	the underlying ceuee given in Pert i. 24e. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO			4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO N	MEDICAL			-	PLACE OF DEATH (Check only o	nne)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	me 5 🗆 Reeldence	6 🗆 Oth	nr (Specify)				
27. MANNER OF DEATH 1 Petural 5 Pet		26s. OATE C				28d. DEŞCRIBE HOW INJURY OCCURED					
3 Suicide 6 Co	estigation uid not be ermined	28e. PLACE building	OF INJURY — At home, farm			281, LOCATION (Street and Number or Rural Route Number City or Town, Stete)				Route Number,	
onel only			of my knowledge, death occu	tion, in my opinion,						(s) and manner as stated	
2000 THUNATURE AND TUTLE OF	F CERTIFIE	A ()	14.14		29c. LICENSE N	UMBER		29d. O	ATE SIGNE	D (Month, Day, Year)	
Xeal	al	*	/ VUOVE	us, c						er 21, 199	
30. NAME AND ADDRESS OF P			USE OF DEATH (ITEM 27) (Ty)	oe, Print) Maic				cal	Cente	er 21, 195	
			ain, USAF, 1	MC Andr	ews AFB,	MD 2	20331-	5300			
31. DATE FILED (Month, Day, Yes			tain, USAF, I	andr Inde	ews AFB,	MD 2	20331-	2300			

DHMH-16 Ray 1/89



	1. DECEDENT'S NAME (First,	Middle Lasts											
	1. ALL	11.11		nsor					2.	DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ER	5. SEX		yrs. iast birthday,) IF UNDE	R t YEAR	IF UNDER	24 HRS. 7.	DATE OF BIRTH	ø /		HPLACE (State or Fore
	217-24-	7424	1 0 M 2 D F	1 6	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, You	olrai	Count	mm
~	9a. FACILITY NAME (If not ins	titution, give	street and number)	,		9b. CIT	Y TOWN O	R LOCATIO	N OF DEATH	11	9c. COU	NTY OF (DEATH
10	RESIDENCE OF DECI	HY	HOSDI	it AL		1	DAH	tim	ORE				
DIRECTOR	10a. STATE	10b. COUNT	TY		10c, CI	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	L MD				B	AH	in	ORE					LIMITS?
3AL	10e. STREET AND NUMBER	0						ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNER/	2102 N.	KOS	SEMALE	वे	<i>t</i>			21	215	5		115	4
	11. MARITAL STATUS 1 Never Married 2 N	Married	12. WAS DECEDED	1 YES	2 NO	13.	WAS DECI	ENDENT O	F HISPANIC (RIGIN? (Specificant atc.	Yas or No—	14. RACI Blac	E American India: k, Whita, atc.
ВУ	3 Widowed 4 Divorce	ced	IF YES, GIVE	WAR OR DATE	ES		1 TYES	2 NO	Specify:			Spec	BIACK
ED	15. DECE (Specify only	DENT'S EDU	CATION		6a. DECEDENT'S	S USUAL O	CCUPATIO	N		16b. KIND OF	BUSINESS/INC	DUSTRY	DITIC
LET	Elementary/Secondary (0-1		College (1-4 or 5	+)	lite. Do NOT	use retired.)	during mos	st or working					
COMP						1++	ARY						
	17. FATHER'S NAME (First, Mid	Ole, Lasi)	hnson)				18. MOTH	ER'S NAME (First, Middle, Ma	iden Surname)	,	
BE	19a. INFORMANT'S NAME (Typ	pe/Print)	111301	/	T 10h MAII IN	C ADODES	C /Campton	177	4416	- 6	UILLI	AM	5
5	Claudine	56	201111		22	TAI	//A	Number	- Hurai Houte	Number, City or	Town, State, Zip	Code)	
	20a METHOD OF DISPOSITIO	ON		20b. PI	LACEANDDATE	OF DISPOS	SITION (Nar	ne of	ho e	DATE, 20c	LOCATION -	City or To	own State
	1 Burial 2 Cremation 4 Donation 5 Other (S	Specify)		Cemete	RRISCA	other place)	RES	- Ut	top.	1263	BAH	D. 1	10
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE			00		n Annece	S OF FACILIT	Y	277		
			1.11			22.	NAME AN	, ADDITES		SPAE	~ II		
	iMMEDIATE CAUSE (Fina diseasa or condition	art failura.	C a	usa on aacı	n iina.	not anter	DAU 53/ tha mod	ia of dylr	J. U. DMZ	DEBER MASO cardiac pr re	A Despiratory arr		interval Ba Onsat and
ERTIFICATION	IMMEDIATE CAUSE (Fina	il handra.	a. SQUAL DUE TO LATYN DUE TO C.	MOUS ODRASACO	n iina.	not anter	DAU 53/ tha mod	ia of dylr	J. U. DMZ	DEBER	A Despiratory arr		interval Ba Onsat and
DICAL CERTIFICATION	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ons, lata	a. SQUAL DUE TO LATYN DUE TO DUE TO	OR AS A CO	CELL ONSEQUENCE CO	not anter	DAU 53/ r the moo	da of dylr	J. U. J. W. J.	DEBER DO SO Cardiac Dr re O PO	PHARY AN AUTOPSY FORMED?	wx .	interval Ba Onsat and Make Autopsy Fin Avallable Prior T
MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	ons, lata	a. SQUAL DUE TO LATYN DUE TO DUE TO	OR AS A CO	CELL ONSEQUENCE CO	not anter	DAU 53/ r the moo	da of dylr	J. U. J. W. J.	DEBER DO SO Cardiac Dr re O PO	PHARY	wx .	interval Ba Onsat and Onsat and WERE AUTOPSY FIN AVAILABLE PRIOR TI COMPLETION OF CA OF DEATH?
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PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 100 27. MANNER OF DEATH	ins, lata IG y t condition MEDICAL	a. SQUAI DUE TO DUE TO DUE TO DUE TO HOSPITAL:	OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter	The moderlying 28. PLA 28. INJURY 28. INJURY WOR	causa gl	yen in Part	I. 24a. WAS PER 1 YES	AN AUTOPSY FORMEON	24b.	were autopsy fin Avaluable Prior to Completion of Co
D BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Oisease or Injury that Initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 10 27. MANNER OF DEATH Natural 5 Pe 2 Accident Immediates	medical medica	a. SQUAL DUE TO LATYN b. DUE TO c. DUE TO d	OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter C) DF): In the un OTHER 4 Nun AE OF JURY M	The moderlying 28. PLA 28. INJU WOR 1 YE	causa gl	yen in Part	I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED? S 2 100	24b	were autopsy fin Avallable Prior to Completion of Co
D BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant EXAMINER? 1 YES 2 100 27. MANNER OF DEATH Netural 5 Pe 2 Accident Imm 3 Suicide 6 Co	ins, lata IG y t condition MEDICAL	a. SQUAL DUE TO LATYN b. DUE TO c. DUE TO d	OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter C) DF): In the un OTHER 4 Nun AE OF JURY M	The moderlying 28. PLA 28. INJU WOR 1 YE	causa gl	yen in Part	I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED? See and Number	24b	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CO OF DEATH?
ETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 100 27. MANNER OF DEATH Natural 5 Per Cause of Ca	t condition MEDICAL ending evertigation out to be tarmined	a. SQUIAL DUE TO LATYN b. DUE TO c. DUE TO d	COR AS A CO OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter DF): OTHER 4 Nun A OTHER UNI Street, fact	The modern	Causa gl	yen In Part ATH (Check o	Cardiac Dr re O POL I. 24a. WAS PER 1 VES Other (Specify) Describe Ho LOCATION (Street, Street,	AN AUTOPSY FORMED? S 2 2000 W INJURY OCC.	24b,	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CO OF DEATH?
ETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 40 27. MANNER OF DEATH Natural 5 Per Natural 1 Per Natural 2 Accident 1 Per Natural 2 Accident 2 Per Natural 3 Suicide 6 Code 4 Homicide 1 Conservations of the Conservation of	medical to the termined to the	a. SQUAL DUE TO LATYN b. DUE TO c. DUE TO d	COR AS A CO OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter OF): OF): In the ur OTHEF 4 \(\text{Num} \) Num AE OF JURY M street, fact	The modern	causa gl	yen in Part ATH (Check or lidence 8 28d NO 281.	Cardiac Dr re Cardiac Dr re Circon (Specify) Describe Ho Location (Street of Specify or Town, Street of Specify or Town, Specify or T	AN AUTOPSY FORMED? S 2 100 W INJURY OCC meet and Number ere)	24b,	interval Ba Onsat and Onsat and WERE AUTOPSY FIN AVAILABLE PRIOR IT COMPLETION OF CA OF DEATH? 1 YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 40 27. MANNER OF DEATH Natural 5 Per Natural 1 Per Natural 2 Accident 1 Per Natural 2 Accident 2 Per Natural 3 Suicide 6 Code 4 Homicide 1 Conservations of the Conservation of	medical medica	a. SQUAL DUE TO LATYN b. DUE TO c. DUE TO d	COR AS A CO OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter OF): OF): In the ur OTHEF 4 \(\text{Num} \) Num AE OF JURY M street, fact	The modern	causa gl	yen in Part ATH (Check or lidence 8 28d NO 281.	Cardiac Dr re Cardiac Dr re Circon (Specify) Describe Ho Location (Street of Specify or Town, Street of Specify or Town, Specify or T	AN AUTOPSY FORMED? S 2 2000 W INJURY OCC met and Number ere) manner as state, and dus to the	24b, 24b, or Rural A	interval Ba Onsat and WERE AUTOPSY FIN AVAILABLE PRIOR IT COMPLETION OF CO OF DEATH? 1 YES 22 N Note Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 100 27. MANNER OF DEATH Netural 5 Per Condition immediate	medical medica	a. SQUAL DUE TO LATYN b. DUE TO c. DUE TO d. HOSPITAL: 1/Finpatiant 2 28a. DATE OF (Month, D 28a. PLACE O building, CIAN: To the best of a:	OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter DF): OF): In the ur OTHER A INUNE OF JURY M street, fact and at tha ti on, in my o	The modern	causa gl	yen In Part ATH (Check o	Cardiac Dr re Cardiac Dr re Circon (Specify) Describe Ho Location (Street of Specify or Town, Street of Specify or Town, Specify or T	AN AUTOPSY FORMED? S 2 2000 W INJURY OCC met and Number ere) manner as state, and dus to the	24b, 24b, or Rural A	interval Ba Onsat and Onsat and WERE AUTOPSY FIN AVAILABLE PRIOR IT COMPLETION OF CO OF DEATH? 1 YES 20 N
DICAL	iMMEDIATE CAUSE (Fina diseasa or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 10 27. MANNER OF DEATH Netural 5 Period Condition immediately imm	medical med	a. SQUAL DUE TO LATYN b. DUE TO c. DUE TO d	OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	not anter PF): OF): In the ur OTHER A Num A N	The modern	causa gl Causa gl Causa gl Causa gl Causa gl Causa gl	yen In Part ATH (Check o	Cardiac Dr re Cardiac Dr re Circon (Specify) Describe Ho Location (Street of Specify or Town, Street of Specify or Town, Specify or T	AN AUTOPSY FORMED? S 2 2000 W INJURY OCC met and Number ere) manner as state, and dus to the	24b, 24b, or Rural A	interval B. Onsat and Onsat and WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF CO OF DEATH? t YES 2015

DHMH-16 Rev 1/69

Inversely despetate the same

TO A.M. ROSEHALE SHE SHE STARS DISA

Aug 11/1

CHENDES STATED OF FREE LEWIS TOWN TO BE BOTH ME.

2 Transmitted Company

BALTIMORE, MARYLAND 21203-31	death. Page 6 may be retained by the hospital or attending	the funeral director, page 5 should be detached for use as the	Fnedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in the formal director, page 5 should be detached for use as the second minimal afternation of the physician and Mental Horizon principles of the second minimal second mi	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the registed examiner must be notified at once.

9

31. DATE FILED (Month, Day, Year)

02 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTBAR'S SIGNATURE
JUNA DOUGLOS HANDARDS

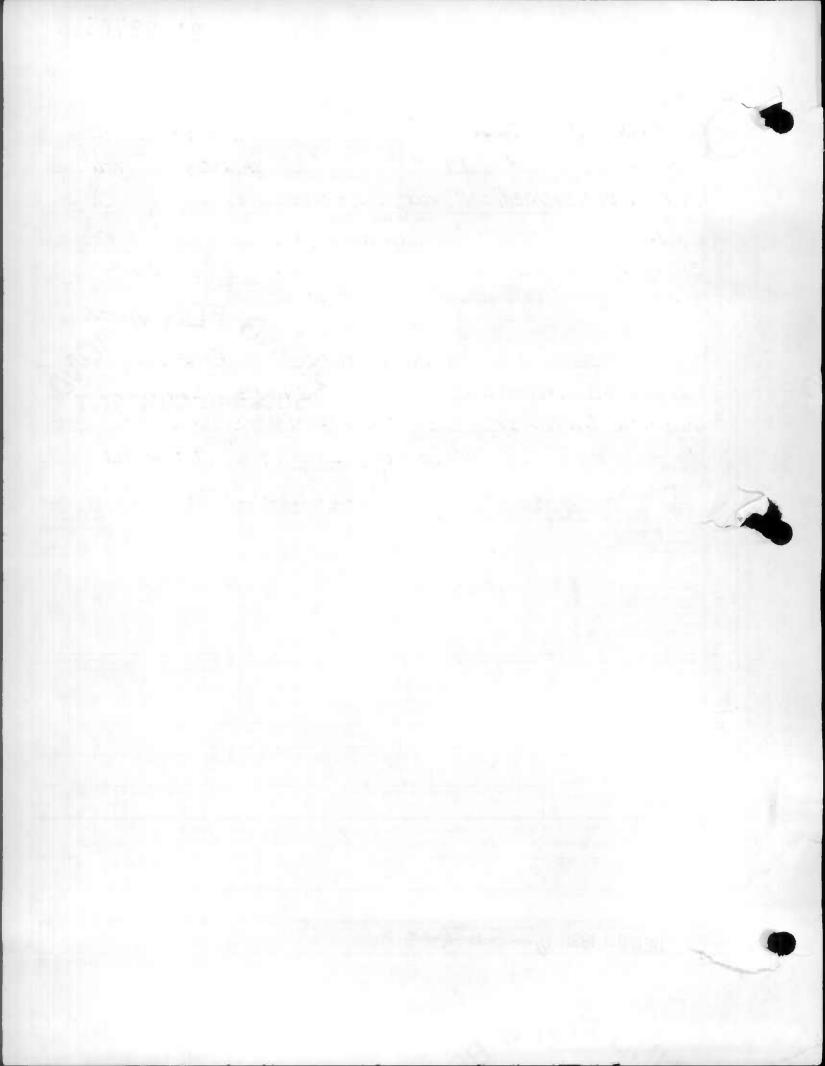
permit, Pages 1, 2, 3 should

urial-transit

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) SARA 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Sarah Jonas 121090 8. BIRTHPLACE (State of Foreign 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 MRS. 1 M 2 F 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Deaton Hospital Medical Center DIRECTOR 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? K)d. Himone. 1 VES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP COOE 3506 SPriNGDale 16 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No. If yea, apacify Cuban, Mexican, Puerto Rican, etc.)
 The Yes 2 The No. Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Olvorced ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Spec ive kind of work do . Do NOT use retine Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 11.4.5PS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, M. JEONGE. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City of 2 APION METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or / 1-29-9) 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from State ny Cemetery ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1 and 243/E.Oliver St. 1213 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Batwaan **Onsat and Daath** IMMEDIATE CAUSE (Final disease or condition Pulmona of embolus VI.

DUE TO (OR AS A CONSCOUENCE OF): cardiac Mundate are hythen. resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseasa or Injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? (R) ACA 1 TYES 2 NO Decemania mesteril 1 YES 2 NO PHYSICIAN: seiture Sorte 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | 40 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be COMPLETED determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 124

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTR	AR
	1, D	ECEDENT'S	NAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERTIF	CATE OF	DEATH	REG. N	10			
	1. DECEDENT'S NAME (First, Middle, Last) MARY Ve	V. Kean	е	2. DATE OF DEATH MONTH NO.V. 2	DAY, YE	EAR 3.	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	ronica Kear	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		DIDTUD.	ACE (State or Foreign	
	065-28-3201	1 M 2 XF 8		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give str		,	Sh CITY TOWN	OR LOCATION OF D	March 2:			and	
B						EATH	9c. COUNTY	OF DEAT	Н	
DIRECTOR	THE UNION MEMOR	TAL HUSPITA	7	BALTIMO	RE		_			
RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10	d. INSIDE CITY	
	Maryland Baltim	1	Timonium					LIMITS?		
A	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHA			
FUNERAL	36 Norwick Circle			21093			USA	Δ		
2	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	IIIS ADMED 42 MMC DECEMBERT OF LINEAU			NIC ORIGIN? (Specify		RACE — American Indian, Black, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specif	nn, Puarto Rican, atc.) y:		0	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	18a. DECEDENT'S I	JSUAL OCCUPATION done during mo	ON set of working	16b. KIND OF E	USINESS/INDUST	TRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	ist or working					
MP	12 years		House	ewife		Homer	making			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	on Sumame)			
BE	Martin Neville					/ Gallaghe				
2	19a. INFORMANT'S NAME (Type/Print) Anne Anderson		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or To	own, State, Zip Coc	de)		
	1.114.01.0011		36 N	orwick	Circle,	Timonium	, Md. 2	1. 21093		
	20a METHOD OF DISPOSITION 1 Daurial 2 Cremation 3 Remov	ral from State 20b	PLACE AND DATE One tery, crematory or other	PLACE AND DATE OF DISPOSITION (Name of lery, crematory or other place) DATE 20c, LOCATION — C						
	4 Donation 5 Other (Specify) Moravian Cemetery Brooklyn, New								w York	
		Mark N	Hauson		D ADDRESS OF FA	_{сішту} hell-Wiede	falal			
	Martin D.	Lawson	Jans -	Tim	onium. A	Maryland	21093			
	23. PART I. Entar the diseases, or co ahock, or haart failura. Li	mplications that cause	tha death. Do no	ot enter the mo	de of dying, suc	h as cardiac or res	piratory arreat,		Approximata	
	IMMEDIATE CAUSE (Final								Intarval Between Oneat and Death	
	disease or condition reaulting in death)	ASOIR	RATION	ATION PNEUMONIA.				3 MONTHS		
									3.01-1113	
N	Sequentially list conditions,	DE	MENT CONSEQUENCE OF	IA						
CERTIFICATION	if any, leading to immediata cause. Entar UNDERLYING									
5	CAUSE (Disease or injury C.	HYE	O THYR	0/11	SM.					
Ē	that initiated evanta resulting in daath) LAST	DOE TO (ON AS A	CONSEQUENCE OF							
8 1	d.									
	PART II. Other significant conditions	contributing to death b	ut not rasulting in	the underlying	causa given in	Part I. 24a. WAS A	N AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS	
EDICAL	CON	126871VE	HGAI	27 FF	HLURE	PERFO	DRMED?		ILABLE PRIOR TO MPLETION DF CAUSE	
		RECURRENT URDS				THES	1 TYES 2 MO		DF DEATH?	
-			1 TES 2			YES 2 NO				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Che	eck only one)				
Sic	1 YES 2 NO	OSPITAL:		OTHER:						
Ĕ	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME	26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUPA				D		
BY 6	Natural 5 Pending 2 Accident Invastigation	(Month, Day, Year)	INJU		ES 2 NO		-			
ED E	3 Suicide 6 Could not be	— At home, farm, at	reat, factory, office		261. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide determined	NON	16		City or Town, State)					
ן ב	29a. CERTIFIER Check only	N: To the best of my knowl	edge, death occurred	at the time date	and place, and due	4-44				
COMPLET	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	In my opinion, de	eath occured at the	time, data and place a	anner as stated.	una(a) and	I manner on otherd	
	29b. SIGNATURE AND TITLE OF CERTIFIER	4								
H		inthe a	M.I		29c. LICENSE NUN	I 9 I	29d. DATE SIG	SNED (Moi	nth, Pay, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE			120	111		126	111	
	30. NAME AND ADDRESS OF PERSON WHO SUITE 562, SOU	TH BUILDI	VA, UNIO	N MANY	RIAL HO	SIRITH	ARA M	(C.	21218	
	31. DATE FILED (Month, Day, Year)	32 AESISTRATS SIGNA	A Rando 00	7 7 18 70	110 - 110:	TICKTE, DAY	MORLE	191	4210	

N)	91-7046
7	1 - STATE REGIST
	1. DECEDENT

TO BE COMPLETED BY FUNERAL DIRECTOR

Items: 23 part I,27 per MEO G-682 12/16/91 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	C	ERTIFICAT	E OF DEATH	REG. N				
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	<u>. </u>	3. TIME OF DEATH		
BALAM		WING		MONTH	DAY YEAR	3. TIME OF DEATH		
	5. SEX 8. AGE (In vrs. in	KING		11 30		111:10 A.M		
218-07-2362	8. AGE (In yrs. Ia	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BITTLE (Month, Lay, Year)	110 An	THPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give stree		9b. CIT	Y, TOWN OR LOCATION OF I	DEATH	9c. COUNTY OF	DEATH		
1050 W. SARATOGA RESIDENCE OF DECEDENT	STREET			TY				
10a. STATE 10b. COUNTY		10c. CITY, TOWN	1410010			10d. INSIDE CITY LIMITS? YES 2 NO		
10e. STREET AND NUMBER	a too		10f, ZIP CODE	72	10g. CITIZEN OF	WHAT COUNTRY?		
	2. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2	RMED 13	. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Y	na or No.— 14. RA	CE — American Indian,		
t Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	*	If yes, specify Cuban, Mexic 1 TYES 2 NO Spec			ck, White, atc. City: Black		
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementery/Secondery (0-12)		ECEDENT'S USUAL (Give kind of work done of NOT use retired.)	during most of working	16b. KIND OF B	USINESS/INDUSTRY	_ /		
17. FATHER'S NAME (First, Middle, Lest)		V510	11an (OCN)	AME (First, Middle, Maide	STOCIA			
.8	alam Ki	na	A	ddie	Bess	ta		
190. INFORMANT'S NAME (Type/Print) COCIO M.	King 1	050	S (Street and Number or Rural	toca L	Balton N	1D. 2623		
204 METHOD OF DISPOSITION 1 Neuriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	20b. PLACE cemetery, cre	AND DATE OF DISPO	SITION (Name of	DATE 2001	CATION - CITY OF T	own, State		
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE A A	22	NAME AND ADDRESS OF F	ACILITY FI	mera	1 Home.		
23. PART I. Enter the diseases, pr com	polications that caused the de	7'	112-14 W.1	North av	e. Balto	. mp. zizin		
ehock, or heert failure. List IMMEDIATE CAUSE (Fine)	t only one ceuse on each line).	r the mode of dying, suc	on ee cardiec or resp	olratory errest,	Approximete Intervel Between Onset and Death		
disease or condition resulting in deeth)	Hypertensive (scular disea	se				
	DUE TO (OR AS A CONSE	OUENCE OF):						
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	OUENCE OF):						
CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
d								
PART II. Other significant conditions conditions	ontributing to death but not r	resulting in the u	nderlying cause given in		AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO		
				VES	2 🗍 NO	CDMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
						1 123 2 NO		
	OSPITAL: inpatient 2 ER/Outpatient 3	OTHE						
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT					
1 Natural Fending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW	INJURY OCCURED			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, street, fac	tory, offica	28f. LOCATION (Street City or Town, State	end Number or Rural	Route Number,		
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, de	ath occurred at the	time, data and place, and dus	to the ceuse(s) and ma	nner as stated.			
	On the beals of examination and/or I	investigation, in my	opinion, death occured at the	time, date and place, a	nd due to the cause(a) end manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER	ele AND		29c. LICENSE NU			(Month, Day, Year)		
Q. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITER	M 27) (Type, Print)	O.C.M.	. Е .	12-02	-1991		
31. DATE FILED (Month, Day, Year)	12 REGISTRAR'S SIGNACURE		N STREET I	BALTIMORE	MARYLA	ND 21201		
DEC 02 1991	Tuha Daydson-Rand	latte						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIM	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicis	age 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-be filled within 72 hours after death with the State Deut of Health and Mental Minison prior to hurial promotion or company.	director, page 5 should be detached for use as the burial-t
IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ir must be notified at once.

	1 - STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAIL	RTMEN	T OF H	EALTH A	ND ME	NTAL HYG				
	1. OECEDENT'S NAME (First CASIMER J	OHN KI	ELEK						2.	DATE OF DEAT		91 ^{YEAR}	3. TIME OF DEATH 9:15A	
	4. SOCIAL SECURITY NUME 218-14-588	0	5. SEX 1 X M 2 F	6. AGE (In yi	rs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	HRS. 7.	DATE OF BIRTH	1	6. BIRT	HPLACE (State or Foreign TIMORE	gn
TOR	98. FACILITY NAME (If not institution, give street and number) GREATER BALTIMORE MEDICAL CENTER 9b. CITY, TOWN OR LOCATION OF TOWSON											LTIMO		
FUNERAL DIRECTOR	RESIDENCE OF DEC	106. COUNT		10c. CITY, TOWN ORIGINATION MORE								10d. INSIDE CITY LIMITS?		
ERAL	100. STREET SNO NUMBER			101.	27236	5				1 YES 2 NO	,			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 GIF YES, GIVE WAI WWW.				/ES 2 NO If yes, specify Cuben, Mexican.						n, Puerto Ricen, etc.) Black, Specify			
COMPLETED	15. DEC (Specify only Elementery/Secondary (0	EDENT'S EDUI highest grade	CATION completed) College (1-4 or 5 +	.)	Give kind of life. Do NOT u	work done se retired.)	during most	of working		16b. KIND OF		INOUSTRY	White	
	17. FATHER'S NAME (First, M. Antek Kiel		ALIP		Police	llan		18. MOTHER		Balti:	iden Surname			
BE (19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	AOORESS				Gabry		7/- 0- 1-1		
5	James Davi	d Kiel	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip of Lek 1230 Landover Road Baltimore, MD.										1 T	
	20e. METHOD OF DISPOSITI 1		20b. PLACE AND DATE OF DISPOSITION (Name of 12/02/91 oate cemelery, cremetory or other place) Green Mount Cemetery Baltimore, MD.								own, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral									neral	Home			
CERTIFICATION	MMSQLATE CAUGE (F).										Approximata interval Batw Onaat and D.			
CAL CERT	resulting in death) LAST d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS												NGS	
PHYSICIAN: MEDIC					g						FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	Æ
IAN	25. WAS CASE REFERRED TO	MEOICAL					26 PI A/	E OF DEATH	4 (Chack a	et. eeel				
Sic	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatien	t 3 DOA	OTHER	ì:			Other (Specify)				
ВУ РНУ		ending	28e. OATE OF I (Month, Da	INJURY	28b. TIMI		28c. INJUF	Y AT	28d	. OESCRIBE HO	O YRULNI W	CCUREO	111-10	
- 6	3 Suicide 8 C	could not be atermined	28e. PLACE OF building, e	INJURY — A	JURY — At home farm street factory office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CIAN: To the best of r	my knowledge	, death occurre	d at the th	me, date ar	d place, end	due to the	e couse(e) end	manner as at	inted,) and manner se state	d.
TO BE C	29b. SIGNATURE AND TITLE	OF QUILLIFIER	4/1	un		-		90 CICENSE		740	-		Solg	/
	30. NAME AND AODRESS OF Choon Pai				Item 27) (Type, ltimor		dical	Cent	er	Towson	MD	1	1 1	
	31. OATE FILED (Month, Day, Y	ear)	32. REGISTRAR	S SIGNATUR	E	-	1			-0 W50II	IND.			
	DEC	10	31 Julia	Davids	n-Adaps	المال							DMM 40 D	* * 100
			-			1.0	1						DHMH-16 Re	1789

SALTIMORE, MARYLAND 21203-3146	be retained by the hospital or attending physician.	ne funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 sho
BALTIMORE	nours after death. Page 6 may	d in by the funeral director, pa
RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an item death. Page 6 may be retained by the h	the attending physician and completely filled in by the f
P. O.	ath cer	tendin
AL RECORDS, I	ne law requires that the dea	DIRECTOR. After this certificate has been signed by the att.
VITA	IAN: Th	rtificate
OF	PHYSIC	this cer
DIVISION OF VITAL RI	OR ATTENDING	DIRECTOR. After

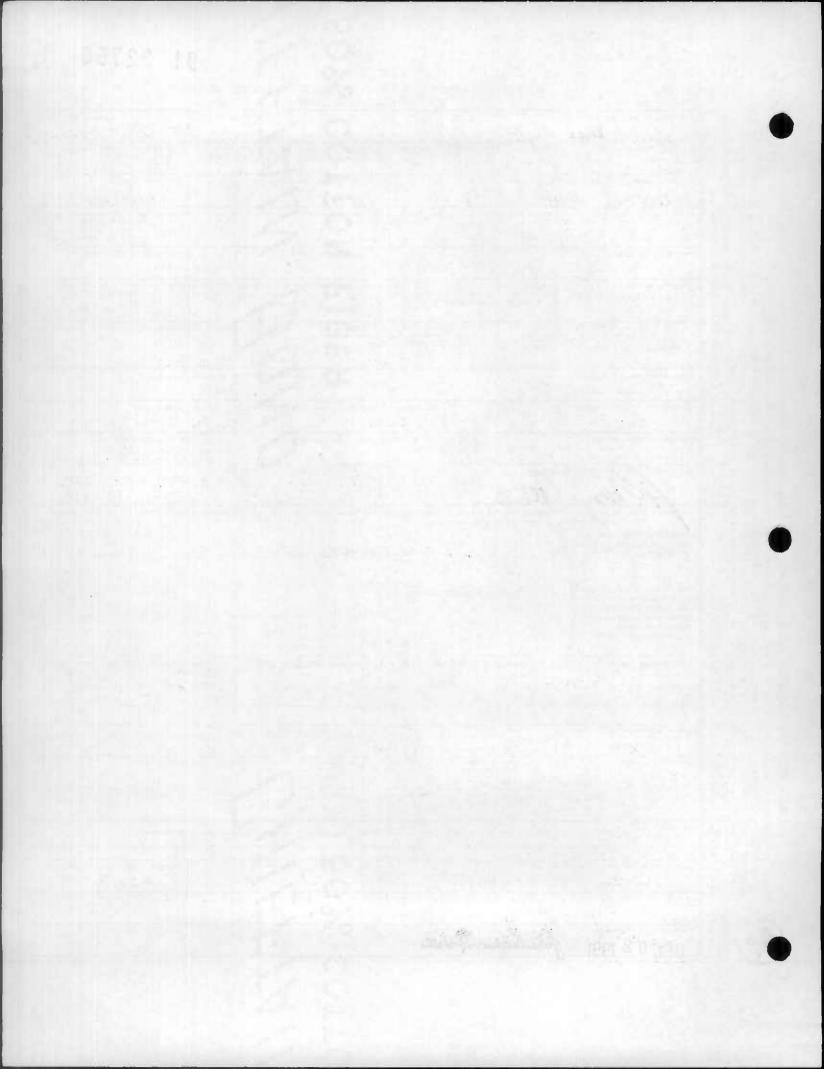
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incurs after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR													
1. DECEDENT'S NAME (First, Middle, Last)	. /					2. DATE	OF DEATH	IV.	YEAR	3. TIME OF DEAT			
Unna LAURA	Kyle						11 2	27	91	1.25	4		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Fo	ign		
234-28-4976	1 🗆 M 2 💢 F	80	YRS.	ONTHS DAYS	HOURS MIN.			911	West	Virgini	a		
9e. FACILITY NAME (If not institution, give :	street and number)		9	b. CITY, TOWN	OR LOCATION OF C				NTY OF C				
FREDERICK HEA	HA Care	Center		FRE	DERICK			F	REDI	RICE			
Maryland Fr	ederick			rown on Loc Freder						10d. INSIDE CITY LIMITS? 1X YES 2	10		
100. STREET AND NUMBER 7195 Alleghan	u Dh			1	01. ZIP CODE			10g. CITIZEN OF WHAT O					
11. MARITAL STATUS	12. WAS DECEDENT	EVED IN IT O ADI	MED	12 MMC DI			12 (Co. olf., Vo.	Ma			_		
1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 XN		If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or N If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 X NO Specify:					E — American India k, White, etc.	,		
15. DECEDENT'S EDU	16e. DE0	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						DUSTRY	***************************************				
(Specify only highest grade Elementery/Secondary (0-12)	//fin	tve kind of work Do NOT use r	nost of working										
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	College (1-4 or 5+)		Homemo	rhon			Own	Hamo					
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)											_		
Samuel Prichard Laton Ada Ellen Foster													
19e. INFORMANT'S NAME (Type/Print)		196	b. MAILING AL	DDRESS (Street	end Number or Rural	Route Numl	ber, City or Tow	n, State, Zij	p Code)				
Elsie Wylie			7195 A	Allegho	any Dr	Frede	erick.	MD	217	01			
20a. METHOD OF DISPOSITION V			7195 Alleghany Dr., Frederick, MD 21701 Db. PLACE OF DISPOSITION (Name of competer), cremetory or 20c. LOCATION - City or Town,										
1 Buriel 2 Cremetion 3 Rem	noval from State		L'er Mountain Memory Gdns. Cross Lanes, Wi										
EL SIGNATURE OF THIS TALL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY											_		
21. BIGHATURIE OF FURBRIAL BERVICE LI	Committee of the Commit	F/// M: /-#/17 %/											
M George	alt. 2			6009	Harkord	Rd.,	Balt	timor	e,		4		
23. MRT I. Enter the diseases, or ahock, or heart fellura.	alt. A	caused the de	eath. Do not	6009	Harkord	Rd.,	Balt	timor	e,		te twe		
21. MRT I. Enter the disputes, or ahock, or heart fellura. IMMEDIATE CAUSE (Finel disease or condition	alt. A	se on each line		6009	Harford node of dying, su	Rd.,	Balt	timor	e,	MD 2121 Approximation interval B	te twe		
21. MRT L Enter the discusse, or ahock, or heart fellura.	complications that List only one caus	se on each line	aic c	6009	Harford node of dying, su	Rd.,	Balt	timor	e,	MD 2121 Approximation interval B	te twe		
21. PRI LEnter the diagnose, or ahock, or heart fellura. IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	complications that List only one caus	GASIT	aic c	6009	Harford node of dying, su	Rd.,	Balt	timor	e,	MD 2121 Approximation interval B	te twe		
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH		REG. NO)		
	1. DECEDENT'S NAME (First, Middle, Last) IRVINU	KEY	Irvin	C.	Key			2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-40-2431		AGE (In yrs. las	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH			IPLACE (State or Foreign Y) Md
OR	9a. FACILITY NAME (If not institution, give street and number) Mercy Hospital 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore											
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Md. 10b. COUNT	Y		10c. CI	ry, TOWN OF Balt							10d. INSIDE CITY
FUNERAL	100. STREET AND NUMBER 1705 Ho	lbrook Ave		10f. ZIP CODE 21213					109. CITIZEN OF WHA			1 H YES 2 NO
84	11. MARITAL STATUS 1 1. Naver Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. AR YES 2 1 OR DATES	R IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC OR 15. WAS DECEMBENT OF HISPANIC OR 16. Yes, specify Cuban, Maxican Pual					N? (Specify Ya Rican, atc.)	a or No	14. RACE Black Speci	: — American Indian, c, Whita, atc. by: American	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DE (G	18a. DECEDENT'S SUJAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) Disability						siness/indu	STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)			210	UDILI	c y	18. MOTHER'S NA		Middle, Maiden	Sumame)	V100	
8	Cecil 19a. INFORMANT'S NAME (Type/Print)	Key	T 194	h MAH INC	ADDRESS	Otmat a	Edi		Key			
2	Robert Bail	ey					1d Ave.					Apt. 202
	20a, METHOD OF DISPOSITION 1 ## Purial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		20b. PLACE AND DATE of DISPOSITION (Name of complete, crematory or other place) Arbutus Mem. Park 20c. LOCATION — City of Arbutus,									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto, Md. 21217												
CERTIFICATION	disease or condition											Ulha ylass
MEDICAL	d. PART II. Other significant conditions contributing to death but and a little in the significant conditions.										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	l/Outpatient 3	□ DOA	OTHER:		ACE OF DEATH (Ch					
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK) MANNER OF DEATH 28d. DATE OF INJURY WORK? MOnth, Day, Year)								NJURY OCCU	RED	
2	2 Accident 3 Suicida 8 Could not be detarmined 4 Homicide Could not be detarmined 28a. PLACE OF INJURY — At homa, farm, streat, lectory, office City or Town, State)									Rural Ro	oute Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DIES (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, dar	ath occurre	n, in my opir	e, data :	and place, and due	to the cau	use(s) and mar	ner as stated	l. cause(a)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER Description of the signed (Month, Day, Day, Day, Day, Day, Day, Day, Day												
	30. NAME AND ADDRESS OF PERSON WHO MERCY Hospe	tal 30	F DEATH (ITEM	A 27) (Type,	ere i	PL	ree-	2/2	50			
	31. DATE FILED (Month, Day, Year)	PEGISTEAR'S	SIGNATURE	2000								

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		ecu A	

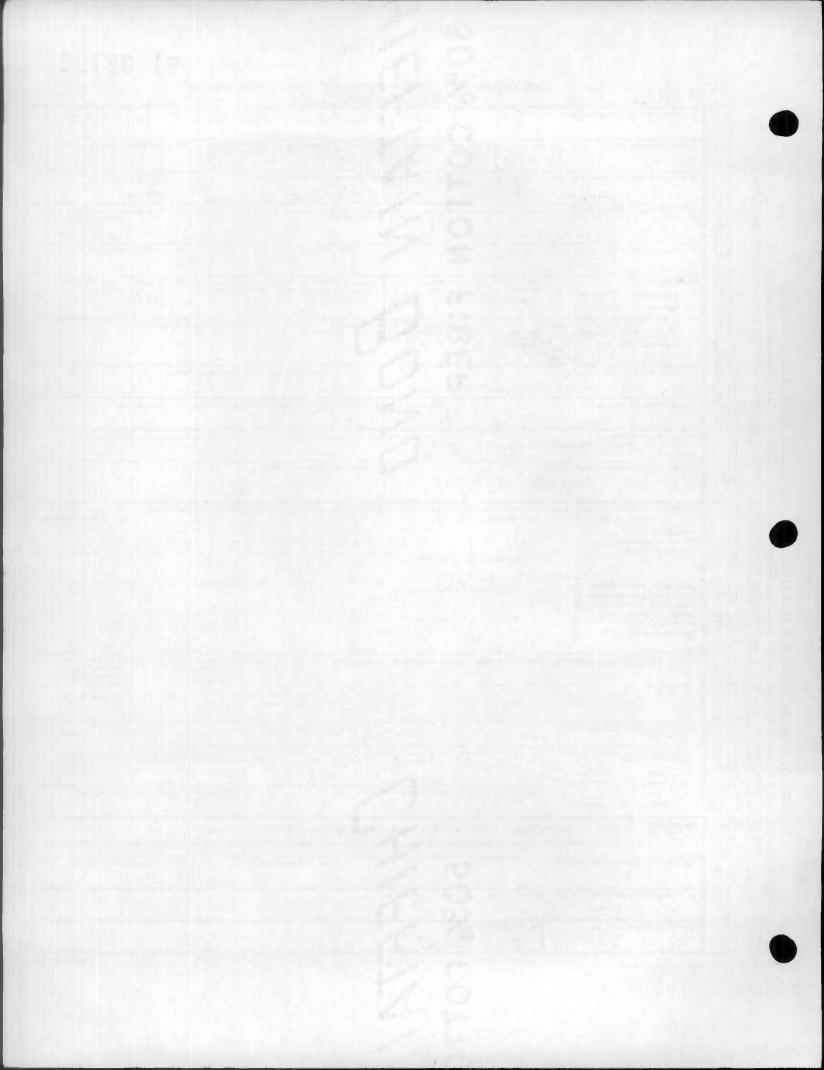
DEC. J. A. 1991 ALL Scient Project

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marke

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR	,	CERTIFIC	ATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle,	ast)				2. DATE OF DEATH		3. TIME OF DEATH			
BEATHAR C.	(ANKTEL)	MONTH DAY	YEAR	A-M						
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count				
90. FACILITY NAME (If not institution, TW SCULLE RESIDENCE OF DECEDEN	S 40SP ZL	9		PR LOCATION OF O	EATH 9c. C	OUNTY OF D	DUTH CAROLIN			
10e. STATE 10b. CC			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?			
100. STREET AND NUMBER				ZIP CODE	10g. (CITIZEN OF	1 VES 2 NO WHAT COUNTRY?			
	S NA E			213	29	U.	519			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 K NO	If yes, sp	ecity Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Yee or No- en, Puerto Rican, etc.) ly:	Blac	4. RACE — American Indian, Black, White, atc. Specify:			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo etired.)	ON st of working	16b. KIND OF BUSINESS/		, ott			
AT SATURDA MANE CO., LUCA		DOMESTIC	3							
17. FATHER'S NAME (First, Middle, Las				18. MOTHER'S NA	AME (First, Middle, Maiden Surnam	a)				
ALLEN HARRISO	N									
19a. INFORMANT'S NAME (Type/Print)	Mea				Route Number, City or Town, State,					
PATRICIA DRAP					ALTIMORE, MD.					
20e. METHOD OF DISPOSITION 1	Removal from State	other place)	ION (Name of cer	netery, crematory or	20c. LOCATION	— City or To	own, State			
4 Donetion 6 Other (Specify)		GARRISON FO			OWINGS	MILL	S. MD.			
21. SIGNATURE OF FUNERAL SERVICE	IN D. BU	oun	JOSEP		WN JR. FUNERA ST. BALTO, MD.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
		t			1)	200	are			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contribution										
25. WAS CASE REFERRED TO MEDIC			26. P	ACE OF DEATH (C	neck only one)					
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	se 5 Residence	6 Other (Specify)					
27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 26c. IN.		28d. DESCRIBE HOW INJURY	OCCURED				
1 Natural 5 Pending				YES 2 NO						
2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
one)	PHYSICIAN: To the best of my kno						(e) end menner ee stated.			
29b. SIGNATURE AND TITLE OF CER				29c. LICENSE NU			0 (Month, Day, Year)			
Theoreta 30. NAME AND ADDRESS OF PERSO	K. Cr	W Zz		75	30355	11-0	27-91			
Rosifia	R. CR	uZ	1	304	SECOUS	5 F	tospita			
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE								



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hospital or attending to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the fa- be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, o

Day, Year) 1991

FOR			STATE OF I	AARVIAND /	DEDAG	TMENT	UE H	EALTH	AND I	MENTAL HYGIE	91	3	21	90
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1. DECEDE	NT'S NAME (First,	Middle, Last)	EMI	LY GRAY	V T.7	ANE				2. DATE OF DEATH	DAY	1 YEAR		NE OF DEATH
Emi	ly G.	DI GIM.	1 11/	21413				1 . /	-5	91	0	6105A.		
	SECURITY NUMBER -16-51			t birthday)	MONTHS DAVE		IF UNDER	24 NRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/18/	17	8. BIRTHPLACE (State or For Country) NoCarol:		(State or Foreign	
90. FACILIT	TY NAME (If not ins	stitution, give s	treet end number)			9b. CITY,	TOWN C	R LOCATIO	N OF DE		9c. COUNTY OF DEATH			
0 1	South To			Elkton					Cecil County					
100. STATE		10b. COUNTY	Y		10c. CI1	TY, TOWN O	R LOCAT	ION						NSIDE CITY
MD MD		Ceci	i1		El	kton					LIMITS?			
H 100. STREE	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF V											OUNTRY?		
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Element 17, FATHER	tery/Secondary (0-	+) (G	. Do NOT L	work done d use retired.)	luning mo	st of working	9							
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17. FATHER										ME (First, Middle, Meid	en Sumame;)		
Wi Wi	Wilson Ambrose Ruth Ambrose													
O 190. INFOR	19b. INFORMANT'S NAME (Type/Prim) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 119 S. Tartan Drive, Elkton, MD 2192]													
Jac			urnier											
1 🗆 Buriel	OD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLACE other pi	lace)						OCATION -			
	State Anatomy Board Baltimore, MD The properties of the Envice Licenses Bonald Wade, Dir 22 NAME AND ADDRESS OF FACILITY													
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	shock, or heart feliure. Liet only one ceuse on sech line.											Approximate Interval Between Oneet end Deeti		
disesse d	or condition	→	. Seva	re 1	An 1	emic	2							Ivr
1	disease or condition resulting in death) Severe Anemia Due to (or as a consequence of): Sequentially list conditions, if any leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):													
	ially list conditi	ions,	a Rena	OR AS A CONSE	S & -	fic	ie	cy	-				-	2 475
Cause, Er	nter UNDERLYI	NG	C.					-						
that Initia	Diseese or inju ated events		DUE TO	(OR AS A CONSE	OUENCE (OF):								
Tesulting	in desth) LAS		d											
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Z -	1179	710	Ca 17 MA										•	TES Z NO
25. WAS C	ASE REFERRED TO	O MEDICAL					26. P	ACE OF D	EATH (CI	heck only one)				
EXAMI			HOSPITAL:	ER/Outpatient	3 DOA	OTHER		. 5 K Bo	sidence	6 Other (Specify)				
27. MANNE	R OF DEATH		28e. DATE OF	FINJURY	26b. TI	ME OF	28c. IN.	URY AT		28d. DESCRIBE HO	W INJURY O	CCURED		
		Pending Investigation	(Month, I	Day, Year)	II.	IJURY M		YES 2	NO					
0 00	octown.	Could not be	28e. PLACE (OF INJURY — At h	ome, ferm	, atreet, fact	ory, offic	•		261. LOCATION (Stre City or Town, Ste		ber or Run	al Route N	lumber,
₩ 4 □ Ho		determined	bunung	, etc. (apecity)						City or lown, Si	ne)			
290. CERTI		IFYING PHYS	ICIAN: To the best o	f my knowledge, d	eath occur	rred at the ti	lme, date	end place	, end du	e to the ceuse(e) end	nenner as	stated.		
4 He Check one)	Olly									e time, date end place,			se(e) end	menner ee stated.
	URE AND TITLE							29c. LICE						h, Day, Year)
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2 30, NAME	AND ADDRESS OF	E PERSON WI	HO COMPLETED CAL	ISE OF DEATH /ITE	EM 27) (3/	on Drints	_	-	, ,	,		./-	1/	

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	1. DECEDENT'S NAME (First, Middle, Las										
	1 1 0 1	zabeth c	13					DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthd	ny) IF UNDER	R 1 YEAR	IF UNDER	24 HRS. 7.	DATE OF BIRTH	d	B BIDTHS	PLACE (State or Foreign
	21305549	7 1 M 2 FF	84 YR	MONTHS	DAYS	HOURS		(Month, Day, Year)		Country,	G A
	9e. FACILITY NAME (If not institution, give	re street and number)		9b. CITY	r, TOWN O	R LOCATIO	N OF DEATH		9c, COUN	TY OF DE	ATH
5		EDICAL C	ENTE	P E	BAL	TIM	TORE				
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUR	NTY	100	CITY, TOWN	0010047	1011					
DIRECTOR	MD.			BAL							10d. INSIDE CITY
- 4	10e. STREET AND NUMBER			~ //-		ZIP CODE	-,		100 CITIZ		1 ✓ YES 2 ☐ NO
Ù	317 S. BOW	LDIN ST				W. 138	D. I.	4		1.5.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13.	WAS DEC	ENOENT OF	HISPANIC O	RIGIN? (Specify)			- American Indian,
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE			If yes, spe	2 NO	, Mexicen, Pu	uerlo Ricen, etc.)		Black,	White, etc.
TED	15. OECEDENT'S Et (Specify only highest gra	DUCATION ide completed)	16e. DECEOEN	T'S USUAL O	CCUPATIO during mos	N st of working		16b, KIND OF B	USINESS/INDU	STRY	
COMPLET	Elementery/Secondery (0-12) 6 YRS.	College (1-4 or 5 +)	life. Do NO	T use retired.)				SO.WES	STERN	BR	COOM FACTO
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME (First, Middle, Meide	on Surname)		
BE	JOHN WE	NGER				CR	FSE	NTIA	FIS	HE	R
2	190. INFORMANT'S NAME (Type/Print)					nd Number o	or Rural Route	Number, City or To	own, State, Zip C	Code)	
	ELIZABETH), RE	STERS	TOWN	mi	21136
	1 Puriel 2 Cremetion 3 Re	moval from State	Ob. PLACE AND DA emetery, crematory	or other place)					OCATION - CI		
	4 □ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	ACRED	HEART	OF	JESL	IS CAM	11/30/91	BALT	TO. C	.0.
	1 1 1	9. 11		22.	NAME AN	U ADORES:	S OF FACILIT	TICTA	+ZEI	LEI	R, INC, F. H
	Catherine	- M. seel	er	14	445	700	5,00	NKLIN	GST F	RALT	0 mp 2122
	23. PART i. Enter the diseases, or ehock, or heert feilure	r complications that cause. List only one ceuse on	ed the deeth. D	o not enter	the mod	de of dyin	g, auch aa	cerdlec or ree	piretory erre	st,	Approximete
	IMMEDIATE CAUSE (Finel disease or condition	0 0									intervel Betwe
			1								Unset and De
	resulting in death)	. Kenal	Failur	٩							21
		2.8	Failur A CONSEQUENCE	e op:	10	1 0					2 days
ON	reculting in death) Sequenticity list conditions,	a Uma	trac	+ 10	Jec	ter	_				21
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Schollen Hillard

JEEL R. B. J. J.

lay be	IECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		n 28 is marked or item 23 shows any injury or other trainmatic event the modifical examiner many
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A LENGTH OF THE CONTROL THE TAM TENDERS THAT WE DESTRUCKE OF CANDIDER WITHIN 24 HOURS SITE OF MAY DE	After	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	mar
A PILLER	DR:	fter	% ie
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	1. DECEDENT'S NAME (First, Middle, Last)		Allon	7	!				2. DAT	E OF DEATH	DAY /	YEAR	3. TIME OF DEATH
	. Margaret . M	Mary . A	Allen	s. lest birthday)	ssel				No	V. 30	199	1	0,10
	215-66-0444	1 0 M 2 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	e OF BIRTH onth, Day, Year)	1910	Counti	PLACE (State or Foreign) ryland
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	10a. STATE 10b. COUNT			10c. CIT	Y. TOWN OF		TION						10d. INSIDE CITY LIMITS?
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	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	11	yea, spe	ecity Cub	OF HISPAI en, Maxica Specif	in, Puarto	IN? (Specify Ye Ricen, etc.)	a or No—	14. RACE Black Speci	— American Indian, k, White, atc. White
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ŀ	17. FATHER'S NAME (First, Middle, Last)			Hous	CWITE	=	10 MOT	THERE NA	ME (Eine	Middle, Maiden			
1	Edgar Joseph Al	llen				Ш				ie Rei	,		
I	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS ((Street a				mber, City or Tow		Code)	
	Richard N. Kerr	r, Esq.		4600	Wilke	ens	Ave						d. 21229
ı	20e. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	noval from Stata	20b. PLA	ce and date of the company of the Catl	of DISPOSIT	TION (Na	me of		DA		CATION —		
ŀ	21. SIGNATURE OF FUNERALISERVICE-LH	CENSEE	Ne	w Cati				tery			Balto,	, Md	•
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			caused the	daath. Do n	ot enter ti	he mod	da of dy	ing suc	h as car	rdiac or man	Iretory er	11117 1	-
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examiner

STEVEN STEINBERG M.D.

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30 REGISTRAR'S SIGNATURE
FUND DAVIDON RANGER

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH
MONTH
DAY
NOVEMBER 26,1991 3. TIME OF DEATH WILMA LIEBNO A. 5:00 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-32-2379 1 M XX F YRS MAY 16,1908 GERMANY 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 205 OAK FOREST PLACE 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES ZYNO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES XX NO Specify Specify 3XXWidowed 4 Divorced WIITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) CAFETERIA MANAGER BALTIMORE COUNTY SCHOOLS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) të. AUGUST F. ULLRICK LOUISA NICKEL BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT L. LIEBNO (SON) 205 OAK FOREST PLACE, CATONSVILLE, MD. 21228 be 20e. METHOD OF DISPOSITION
1 X virial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must DATE CEMETERY 11/30/91 WOODLAWN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R.Can LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diaeases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onaat and Death disease or condition Auterior wall macroial potarchion reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Arten Diseal DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 240. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH? PERFORMED? shows any 1 YES 2 40 1 YES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specily) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide ETED. 8 Could not be 281. LOCATION (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(e) end menner ee stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 122933 11/27/9 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (T(EM 27) (1) PR. Print)

8600 LIBERTY ROAD, RANDALLSTOWN, MARYLAND 21133



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at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-transfer as a second physician and completely filled in by the funeral director.	, or removal.	ld, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
rtificate be executed within 24	g physician and completely fil	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ther traumatic event, the
HYSICIAN: The taw requires that the death ce	signed by the attendin	Health and Mental Hyg	ws any injury, or o
JAN: The faw red	rtificate has been	he State Dept. of	or item 23 sho
OH ALLENDING PHYSICI	DIRECTOR: After this cer	be filed within 72 hours after death with th	MPORTANT: If item 28 is marked, o
THE HOSPITAL	THE FUNERAL !	filed within 72 h	PORTANT: If I
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	1. DECEDENT'S NAME (First, Middle, Last)						DEAT		2. DATE OF	DEATH			3. TIME OF DEATH
		E. LUSBY							Novem	ber 3	0, 1	991	1:20 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, L	lav. Year)		8. BIRTH Countr	PLACE (State or Foreign
	213-44-9872	1 M 2 X F	84	YRS.					01/1	1/07			yland
œ	9a. FACILITY NAME (If not institution, give s	2 2 2 2 2 2 1 1	10 1				R LOCATION	ON OF DE	EATH			NTY OF D	
5	Manor Care Nursin	g center	/Kuxtor	l	1	owso	n				Ва	ltim	ore
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CITY	Y, TOWN C	OR LOCAT	ION					1	10d. INSIDE CITY
	Maryland Cit	ч			Balt	imor	e						LIMITS?
AAL	10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	3114 Northway Dr.						212					S.A.	
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2	Mr. Dene L. Lusbu			19b. MAILING									
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	21. SIGNATURE OF UNERAL SERVICE LIC	ENSEE	1 Morte	cunu i			D ADDRES			Du	ltim	ore	MD
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CIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO S. S contributing to	(OR AS A CONS	EOUENCE OF)	n the und	26. PLA	cauaa g		Part I. 24	R. WAS AN AN PERFORM	UTOPSY ED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETIDY OF CAUSE DF DEATH?
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)

A. H. GHILAII M.D. 7600 &

31. DATE FILED (Month, Day, Year)

DEC 0 2 1991 Juin Juridson Random OSLER Dr. TOWSON Md 21204



Acole Frenha D-128419 12-2-91 A B. CANLLADI - M.D. 7600 OLLEN D. TANSON 121 2120

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the respital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

LORFFLER 1. SOCIAL SECURITY NUMBER 212 42 2538 1. SET 100 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. DECEDENT'S NAME (First,	Middle, Last)			<u> </u>	TOATE	- 01	DLA		2. DATE	OF DEATH			3. TIME OF DEATH
The process of the pr		ED								MONT	^H 2 ^D	1	951	8:25 N
94. ROBLITY MAN (If TOR PIBLION, the same and number) 95. SHOCK TRAUMA UNIT 195. SHATE 196. COUNTY 196. STATE 196. COTT. TOWN ON LOCATION OF DEATH 197. SHATE 197. SHATE 198. STATE 199. ST						-				7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTHPI Country)	ACE (State or Foreign
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Elementary Secondary (P-12) College (I-I or 5-1) Truck Driver Truck Dri						i	YES	S 2 NO	Specify	y.	rican, atc.)			
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Carl A. Loeffler Evelyn Krauch Baltimore, Maryland 21230 20. INFORMANT'S NAME (TyperPrint) Margie L. Loeffler 1935 Griffis Avenue Baltimore, Maryland 21230 20. Maryland 2 Cementon 3 Removel from State Donaton 5 Control (Control Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control (Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control (Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control (Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control (Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control (Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control (Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control City or Town, Statia 2 Cementon 3 Removel from State Donaton 5 Control City or Town, Statia 2 Removel from State Donaton 5 Control City or Town, Statia 2 Removel from State Donaton 5 Control City or Town, Statia 2 Removel from State Donaton 5 Control City or Town, Statia 2 Cementon 5 Removel from 5 Cementor 6 Control City or Town, Statia 2 Cementor 6 Cemetor 7 Cementor 7 Cem				1	ruck	Drive	er				Waste	Mana	gemen	it
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Margie L. Loeffler 1935 Griffis Avenue Baltimore, Maryland 21230 1936 Briffis Avenue Baltimore, Maryland 21230 1936 Briffis Avenue Baltimore, Maryland 21230 20b. PLACE AND DATE OF DISPOSITION/Name of control of the control of t			arı A.											
Day Note: The properties of the contribution o			er		195. MAILING	ADDRESS	(Street	and Number of	or Rural I					A 21220
Secretary 2 Coremetor 3 Removal from State 200. FLACE OF DEATH 200. FLOCATION — City or Town, State 200. FLACE OF DEATH 200. FLACE OF DE									Tue	-				
SIGNATURE OF FUNERAL SERVICE LICENSEE Continued C	X Burial 2 - Cremation	n 3 🗆 Remo	oval Irom State	cemetery, g	rematory or or	ther placel				1				
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwee Onset Inline. Approximate cause of Indigonal Betwee Onset Interval Betwee Onset and Death Due to (or as a consequence of): DUE TO (or as a conseq		-	ENSEF	_ [G00a	Snep		-			111-	-29 E1]	Licot	t Ciy	, Maryland
4001 Ritchie Hwy. Baltimore, Md. 21225 3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Subtiting In death) DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSE				20-641		Ge	Orc	ge J.	Gor	ice E	uneral	Hom	e P.A	
Approximate interval Betwee one of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Final lisease or condition eauting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO	- Chen	aca	EKGO											
DUE TO (OR AS A CDNSEQUENCE OF): DUE TO	Sequentially list conditions from the sequentially list conditions from the sequential s	ona, T)				Of la	- 001	MYC	lasi	IONS		-	
AMALRALE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 1 YES 2 NO 5. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Residence 8 Other (Specify) 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Set. INJURY AT WORK? 28a. DATE OF INJURY 4: 0 6 PM 1 XYES 2 NO 28b. PLACE OF INJURY AT WORK? 1 NUTRY WORK? 1 X YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED TRUCK BY 1 1 3 19 9 4: 0 6 PM 28d. DESCRIBE HOW INJURY OCCURED TRUCK BY 28d. DESCRIBE	CAUSE (Disease or Injur	y	DUE TO	(OR AS A CDNS	EQUENCE OF	-):								
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MANNER OF DEATH State Death De	EXAMINER?	MEDICAL				OTHER:		LACE OF DEA	ATH (Che	ock only on	0)			
Natural S Pending Investigation S State of the pending Investigation I I I I I I I I I					_	4 🗆 Nursir	ng Hom		Idanca					
28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) Parking Lot 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) Parking Lot 28e. CERTIFIER (Check only) CERTIFIYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.	1 Natural 5 P		(Month, D.	ay, Year)	IMI	URY	WO	PAK?	NO					
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	3 Suicide 6 C	could not be	building,	etc. (Specify)		freet, factor		-		Only (or rown, orang)			
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	o. CERTIFIER													ryland
	(Check only	AL EXAMINER	CIAN: To the best of R: On the basis of an	my knowledge, d	leath occurre	d at the tim	e, date nion, d	and place, a	nd dua	to the cau time, data	se(a) and man- and placa, and	ner as state	nd, n cause(a) a	nd manner as stated.
SONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)			. //								T			
	Wedne	1/2	elful											
0. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)	. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E DF DEATH (IT	ЕМ 27) (Туре,	Print)								
MARGAMON D. WALL 111 PENN STREET BALTIMORE, MARYLAND 21201	MARGAMO	a a	. 160 Not	<u> 111</u>	PEN		REI	ET I	BAL	TIMO	RE, MA	ARYL	AND	21201
DFC 02 1991 Suna Davidson-Mandall	DFC 02	1991	32 ARRISTA	WI dison-	indall.									

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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•	1	-	STATE	Af
		1. D	ECEDENT'S	N/

STATE OF MADVIAND / DEDARTMENT OF UE

1 - STATE REGISTRAR	OIMIE OI III	CI	ERTIF	FICATE OF	DEATH		REG. NO		
1. DECEDENT'S NAME (First, Middle,						2. DATE OF	DEATH		3. TIME OF DEATH
Catherin		e N	/lcCa	rty		Nov.	29	19	91 / 33
4. SOCIAL SECURITY NUMBER	. /	6. AGE (In yrs. las	- 30	MONTHS DAYS	IF UNDER 24 HRS	44.4 .4 .00	ВІЯТН		8. BIRTHPLACE (State or Foreign Country)
,217-18-8074		80	YRS.	MONTHS DATE	HOURS MIN.	Marc		1911	Maryland
9e. FACILITY NAME (If not institution,				9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	TY OF DEATH
2300 Dulaney HESIDENCE OF DECEDEN 10a. STATE Maryland	Valley Rd.			Tows	on			Bal	timore
10a. STATE 10b. C	OUNTY		10c. CI	TY, TOWN OR LOCA	ATION				10d, INSIDE CITY
Maryland I	Baltimore			Towson					LIMITS?
			-		Of. ZIP CODE			I ton CITIZ	1 YES 2X NO
10e. STREET AND NUMBER 2300 Dulaney 11. MARITAL STATUS	Valley Rd.				21204				JSA
11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENDENT OF HISP	PANIC ORIGIN? (S	Specify Ya		14. RACE — American Indian.
3 X Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2XN	10	If yea, a	S 2 NO Spe	Icen, Puerto Rica	n, etc.)		Black, White, etc. Specify: White
Specify only highest 12 12 17. FATHER'S NAME (First, Middle, Le:	EDUCATION grade completed)			S USUAL OCCUPAT work done during m		18b. KII	ND OF BU	ISINESS/INDU	STRY
Elementery/Secondery (0-12)	College (1-4 or 5+)) lile.	. Do NOT us	use retired.)	ost or working				
12		Н	louse	wife		F	lome	maker	
17. FATHER'S NAME (First, Middle, La.					18. MOTHER'S	NAME (First, Midd	lle, Maiden	Surname)	
John Henry He						Anna			
O 196. INFORMANT'S NAME (Type/Print)				G ADDRESS (Street					
Sue Lilen Wurt	ray			Glen El		, Bald	win,	Md.	21013
20a METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3	Removal from State	20b. PLACE A	AND DATE	OF DISPOSITION (N	lame of	DATE			ity or Town, State
21, SIGNATURE OF FUNERAL SERVICE		New	Cath	nedral C			Bal	timore	e, Md.
Duyon	Willar	un			NOD ADDRESS OF I		defe	ald	
23. PART I. Enter the discesses	Bryan W			10 V	V. Pador	nia Rd.	. Ti	imoniu	ım, Md. 21093
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST	a	OR AS A CONSEQUENCE OR AS	DUENCE OF	PF):	A	RTERIO	SCL	EROSI	(5
O D	d		-						
PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	itions contributing to d	leath but not re	sulting I	in the underlyin	g cause given l		VES 2		24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO CDMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC. EXAMINER?				26. P	LACE OF DEATH (C	Check only one)			
1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ne 5 🗆 Realdence		ec/h/)		
27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	NJURY	28b. TIMI	IE DF 28c. IN.	JURY AT	28d. DESCRIE		NJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigat		, 79ar)	ING		YES 2 NO				
	building, at	INJURY — At hometc. (Specify)	ne, larm, s	street, factory, offic		281. LOCATION City or To	N (Street a wn, State)	ind Number or	Rurel Route Number,
2 MEDICAL EXA		ry knowledge, dear	ith occurre	od at the time, date	and plece, and du	e to the cause(a)) and men	ner as stated	cause(s) and menner es atated.
296. SIGNATURE AND TITLE OF CERT	// // //	, ,			29c. LICENSE NU	JMBER		29d. DATE S	SIGNED (Month, Day, Year)
acca		land		-	D270	187		> 11	1/29/91
Carla S. Alex	ander, M.D				Maris H	ospice	Tox	wson	Md. 21204
DEC 0.2 1991	Suna David	s signature	92			0001007		Y3011.	WIU. 212114

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, Steffood be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rav 1/89

	4.4	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3	L DIRECTOR: After this certificate has been signed by the attending physician and completely
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BERTHA	MON	NICK				2. DATE OF I	DEATH	YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-30-0980	5. SEX	6. AGE (In yrs. last birthda)	MONTHS DAYS	IF UNDER	24 MRS. MIN.	7. DATE OF E	ry. Year)	Co	RTHPLACE (State or Foreign puntry)
90. FACILITY NAME (It not institution, g	ive street and number)		9b. CITY, TOWN	or Locati				9c. COUNTY O	aryland F DEATH
RESIDENCE OF DECEDENT 100. STATE 10b. COL Maryland H		10c. C	ITY, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 6408 Beechfield				OI. ZIP COD	227				1 YES 2 NO
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	II yes, s	CENDENT C	OF HISPAN	IIC ORIGIN? (Si n, Puerto Rican	pecity Yes o	or No- 14. R	ACE — American Indian, lack, White, etc. White
15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5	(Give kind of life, Do NOT	S USUAL OCCUPAT f work done during in use retired.)	ION lost of workin	ng	16b. KIN	D OF BUSIN	NESS/INDUSTR	Υ
17. FATHER'S NAME (First, Middle, Last)		1 100	sewife	18. MOTI	HER'S NA	ME (First, Middle	e, Maiden Su	own h	ome
Wilhiam T. Walch		19h MAII II	G ADDRESS (Street	and Number	Chr	istina	Doer	flein	
Christine Baker									d. 21227
20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	emoval from State	20b. PLACE AND DATE cemetery, crematory of Loudon	OF DISPOSITION /	lame of		DATE	20c. LOCA	TION — City or	Town, State
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	Dudon F	22. NAME A	NO ADDRES	ss of fac	eral Ho	ome,I	nc.	, Maryland
The same of the sa		Contract Con							
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OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac		8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	4. SOCIAL SECURITY NUMBER	Carthy 5. SEX	6. AGE (In yrs. te	at blotholms	IF UNDER 1				17	30	91 3:00	17.
	111111111111111111111111111111111111111	1 M 2 TF		YRS.		DAYE	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTHPLACE (State Country)	or Foreign
	215-10-3381 9e. FACILITY NAME (If not Institution, git	975	80	1113.	AL CITY T	21121 01			2-20-		Md	
E E					9b. CITY, T						TY OF DEATH	
15	RESIDENCE OF DECEDENT	or Nursi	ng Hom	e1	C	ato	nsv	rill	е	Ba.	timore	Co.
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSID											
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FUNERAL	10e, STREET AND NUMBER					10f.	ZIP COD	E	118.11	10g. CITI	ZEN OF WHAT COUNTI	1/3
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G	15, DECEDENT'S E	DUCATION	16a, D6	ECEDENT'S U	SUAL OCC	JPATIO	N		16b, KIND OF	BUSINESS/IND	Whi	te
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COMPL	17. FATHER'S NAME (First, Middle, Last)	1				-		HER'S NA	ME (First, Middle, Mai	den Surname)		
BE (William F.	McCarthy	V				Re	ssi	e C. Ba	molar		
TO E	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet an			Number, City or		Code)	
-	Mr. E. Joser	n McCar	thy 8	3 Ced	larn	111	Rd	R	andalls	town	Md 2113	4
	20a. METHOD OF DISPOSITION Description METHOD OF DISPOSITION 3 R.	emoval from Stata	20b. PLACE.			ON (Nan					City or Town, Stata	,
	4 Donallon 5 Other (Specify)		New (Cathe	edra.	LC	eme	ter	v 12-3-	.97 F	alto. Mo	4
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE						SS OF FAC			,	
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	23. PART I. Enter the diseesee, o	or complications the	t ceused the de	eth. Do no	t enter th	e mod	e of dyi	ng, euch	Md 27	spiratory erre	est. Appro	ximete
	shock, or heart fellur iMMEDIATE CAUSE (Final	e. List only one ceu	ise on each line	.							Intervi	ai Between end Death
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1	PART II. Other eignificant conditi	ons contributing to	death but not r	esuiting in	the unde	riying	cause g	iven in I	Pert I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPS	SY FINDINGS
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MEDIC/									1 L YES	2 () NO	DF DEATH?	CANA
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DI	EATH (Che	ck only one)			
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	Home	5 🗆 Ra	aldenca (B Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY av. Year)	28b. TIME INJU	OF 28	c. INJUI	RY AT	T	28d. DESCRIBE HO	W INJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident invastigation		, , , ,				S 2	NO				
ED	3 Suicide 6 Could not b	28a, PLACE O building,	F INJURY — At ho etc. (Specify)	ma, larm, atr	est, lactory,	office			281. LOCATION (Stre City or Town, St	et and Number (or Rural Route Number,	
E I	4 Homicide detarmined									,		
P	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge, de	ath occurred	at the time.	data a	nd place,	and due t	to the cause(a) and	manner as state	d.	
COMPL		NER: On the basis of a										na stated.
BE C	296. SIGNATURE WITH TITLE OF CENTUR	w/					29c. LICE	NSE NUM	BER	29d. DATE	SIGNED (Month, Day, Y	ear)
	& Marier VA	max h	V>			1	De	062	232	D /	2/2/91	1
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS								-	/ / / /	
	HARRY L. KN	1122 mi	5	4110	DAC	1-	RE	DER	PICK R	D	21229.	
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	31. DATE FILED (Month, Day, Year) -	/ 32. REGISTRA	r's SIGNATURE	. 70.	LOCA	19					2120 /	

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SICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 ma	0	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (F	irst, Middle, Last)		O 11 11		M - OT	TAD	P		2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEAT
	THOMAS 4. SOCIAL SECURITY NU	IMBER	5. SEX	OTT	yrs. last birthday)	McQU				1	2		91	5:20
	186-44-5	556	1 🔣 M 2 🗆 F	38	yrs. last birthday) YRS.		DAYS	IF UNDER	MIN.	(Mon	of BIRTN th, Day, Year) 27-53	_	Cour	Pa.
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RECTO	10a. STATE	10b. COUNT	ry	10c. CITY	, TOWN OR	LOCATIO	ON						10d. INSIDE CITY	
AL DI	Md. 10e. STREET AND NUMBER		oward		El	Lico		Cit				100. CIT	TIZEN OF	LIMITS? 1 YES 2 XI
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BY FUN	11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 D	- 10	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U	S. ARMED	t3. WA	S DECE	NDENT O	F NISPAN	n, Puerto	N? (Specify Yea Rican, etc.)		t4. RAC Blac	DE — American Indian ck, White, atc.
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O BE C	Thomas 19a. INFORMANT'S NAME		McQuade	9	19b. MAILING	ADDRESS (S			Mar	v D	Con	nel	l V	
T	Deborah	L. Mo	Quade		4801									Md.2104
	20e. METNOD OF DISPOS 1 □ Burlal 2 ※ Creme 4 □ Denation 5 □ Oth	SITION tion 3 - Ren		cemete	ACEANDDATEO	FDISPOSITION	ON (Nam	e of		DAT	E 20c. LO	CATION -	City or T	Town, State
	21, SIGNATURE OF FUNER	RAL SERVICE LI	CENSEE			22. NA	ME AND	ADDRES	S OF FAC	CILITY	. 37 /			
	G. To	cuman disease, or heart failura.	Schwab	it ceused th	ne deeth. Do no	51 Ba	151 alt	Ba	ltir	mor	e Nat . 212 dlac or reapi	29		Pike Approximatinterval Bet Oneat and
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I'AL UN ALL'ENDING FILTSTOLIANS THE TWING THE THE DEBT CELLIFICATE DE EXECUTED WITHIN 24 HOURS ATTER DEATH. Page 6 may be retained by the hospital or attending ph	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but 72 hours after death with the State Oept. of Health and Memal Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VERA MACYS 1991 NOVEMBER 29 1:00 A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH 8. BIRTHPLACE (State or Foreig SEPT. 4, 1 M 2XXF MONTHS DAYS 214-18-5344 76 MARYLAND 1915 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1910 TADCASTER ROAD CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CATONSVILLE 1 YES ZX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 1910 TADCASTER ROAD 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yas or NoIf yes, specify Cuban, Maxican, Puerio Rican, etc.)
1 YES XXNO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 XWidowed 4 ☐ Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Spe 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) st of working Elamentary/Secondary (0-12) Collega (1-4 or 5+) HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FELIX YUSKEVICIUS BE VERONICA SOKOLVSKI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RALPH MACYS (SON) 1910 TADCASTER ROAD, CATONSVILLE, MARYLAND 21228 20a METHOD OF DISPOSITION
1 A Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE LOUDON PARK CEMETERY 4 Donation 5 Other (Specify) 12/2/91 BALTIMORE, MARYLAND 21. SIGNATURE OF EMPERAL SPRVICE LICENSEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete ehock, or heert fellure. Liet only one ceuse on eech line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition Multinfanct resulting in death) DUE TO (OR AS A CONSEQUENCE OF) heles CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) ceuse. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert 1. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: Inpetiant 2 ER/Outpetient 3 DOA ne 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Oay, Year) 28c, INJURY AT 28d. OEȘCRIBE HOW INJURY OCCURED Natural WORK? 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 29a. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 296. SIGNATURE AND TITUE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) 125112 11/29 91 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) SUITE 305 5310 OLD COURT ROAD, RANDALLSTOWN, MARYLAND TAHOORA KAWAJA M.D. Jan Registras Signature Julia Davidson-Rondoll



1 - FOR STATE REGISTRAR

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after
5	OR
	OSPITAL

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HE		MENTA	L HYGIENE REG. NO.			
		ary Evelyn Mc				MONT	OF DEATH DAY -30-1991	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 316 - 09 - 7082	1 🗆 M 💥 🗡 F	71 YRS. M	ONTHS DAYS	IF UNDER 24 HRS.	(Mont	of BIRTH h, Day, Year) -30-1920	Ind:	iana	
TOR	9a. FACILITY NAME (If not institution, give street and number) 4221 Elsa Terrace Baltimore Baltimore									
DIRECTOR	Maryland 10b. cour	NTY	10c. CITY, 1	TOWN OR LOCATIO		ltimo	ore		10d. INSIDE CITY LIMITS? YES 2 \(\text{NO.}\)	
FUNERAL	4221 Elsa Terra	ace		10f. Z	CIP CODE	212		TIZEN OF T	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	It yea, speci	IDENT OF HISP/ Ify Cuben, Mexic	en, Puarto	? (Specify Yea or No— Rican, etc.)	14. RACI Blac Spec	E — American Indien, k, Whita, atc.	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12th	DUCATION (de completed) Coilege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during most (etired.)	of working	16b	KIND OF BUSINESS/IM			
u I	17. FATHER'S NAME (First, Middle, Last)	Wood			IB. MOTHER'S N	AME (First, I	House Middle, Maiden Surname) NKNOWN	ewile /)	
TO B	Joseph McCarty 20a. METHOD OF DISPOSITION		19b. MAILING AC 4934 -	TIMBER	Number or Rural TRACE	Route Numl	oer City or Town, State, Z	(ip Code)	7825	
RTIFICATION	Burgee-Henss Fu 3631 Falls Road Baltimore, Mar 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arraet, IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chy at we be a consequence of: DUE TO (or AS A CONSEQUENCE OF):							Approximate interval Bets Oneet and E		
T. MEDICAL CE	PART II. Other aignificant condition	one contributing to death I	but not resulting in t	he underlying c	ausa given in	Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 ANO	24b	WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MD	HOSPITAL:	Detilors 2 DOA	THER:	E OF DEATH (C)					
ВУ РНУ	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK	Y AT		(Specify) CRIBE HOW INJURY DO	CURED		
ETED !	2 Accident 3 Suicida 8 Could not be determined 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, term, street, tectory, office City or Town, State)									
COMPLE	2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of exemination	viedga, death occurred a on end/or investigation, is	t the time, date and	d piece, end due	to the cau	eo(a) and menner as ats	ited. ha cause(a	end manner ea state	
TO BE	29b. BIBNATURE AND TITLE OF CERTIFS CLUB C JO. NAME AND ADDRESS OF PERSON W	- () win	EATA (ITEM 27) (Type, Prin		D230		29d. DAT	- 1	(Month, Day, Year)	
-	Dr. Richar 31. DAJE FILED (Month. Day, Mary)	Diamond 32. REGISTRAR'S SIGN		Road I	BAltimo	re, M	Maryland 2	1211		

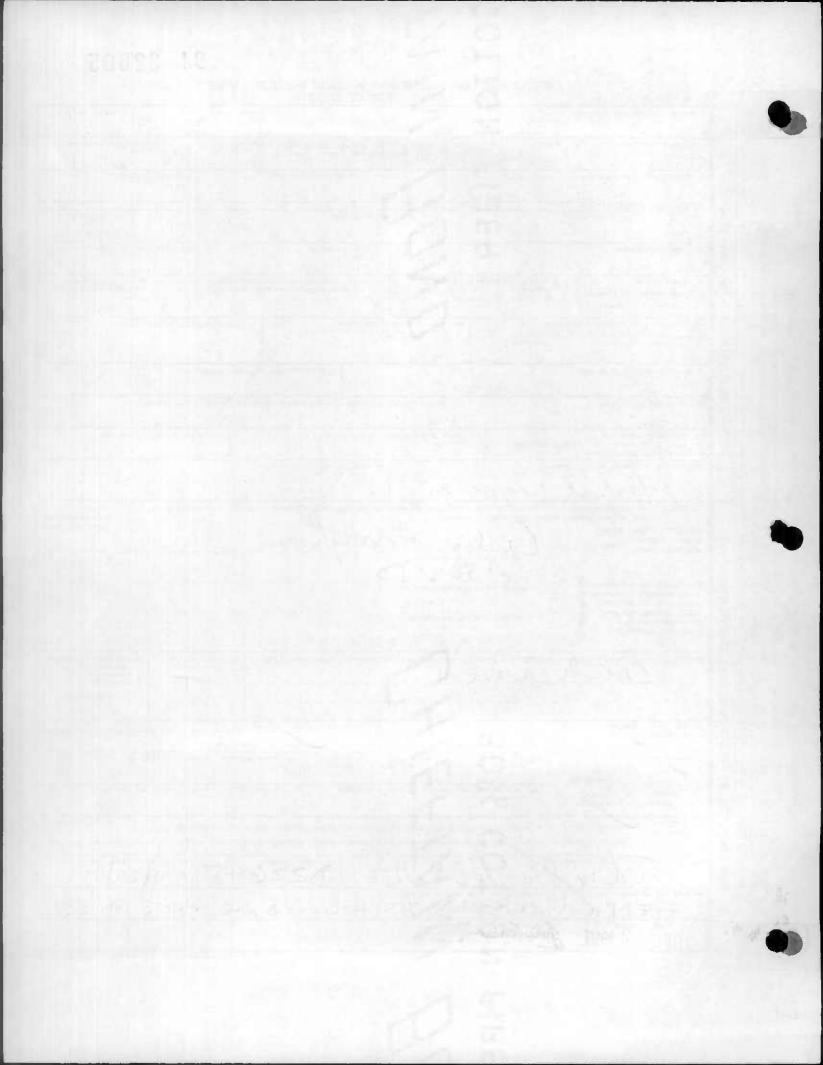
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DIVISION OF VIEW PECONDS, T.O. BOX 1315,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Mid	dle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
John	Mossberger			MONTH DAY					
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF U	IDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF BIRTH		THPLACE (State or Foreign			
705-05-5898	1 😡 M 2 🗍 F	96 YRS. MONT		(Month, Day, Year) 04-14-18	Cou	Mar Şl and			
	Street 405		timore		30. 000NTT 01	JEAN!			
	. COUNTY	10c. CITY, TOW Baltin	OTE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
100. STREET AND NUMBER South Lehigh S 11. Marital status	Street 405		21224		U.S.A.				
11. MARITAL STATUS	12 WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC OBIGIN? (Specify Year		ACE — American Indien.			
1 Never Merried 2 Men 3 Wildowed 4 Divorced	ried FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexic 1 YES 2 XNO Speci	en, Puerto Ricen, etc.)	81	wock, white, etc.			
15. DECEDE	NT'S EDUCATION	16a. DECEDENT'S USUA		16b. KIND OF BUSI	NESS/INDUSTRY	,			
15. DECEDE: (Specify only high Elementery/Secondery (0-12) 8 17. FATHER'S NAME (First, Middle	College (1-4 or 5+)	(Give kind of work d life, Do NOT use retir	one during most of working ed.)						
8	Contract (1-4 circle)	Foundry W	orker	B & O	Railro	Бe			
17. FATHER'S NAME (First, Middle	, Last)	1 Caracty N		AME (First, Middle, Maiden S					
	Mossbe	roer	Unknow		,				
100 INFORMANT'S NAME (Small			RESS (Street and Number or Rural		State Tie Code				
	THIL)					24222			
Walida A. Bolid			w Road 1711						
20e. METHOD OF DISPOSITION 1 Seriel 2 Cremation 3 4 Donetion 5 Other (Spe	3 Removal from State	other placa)	(Name of cometery, crematory or Lawn		timore				
21. SIGNATURE OF FUNERAL SE	a. Choma	icki	22. NAME AND ADDRESS OF F 1005 Dundalk W. Dabrowski-	Ave. Balti Chojnacki	more, l Funera	Md. 21224 L Chapel			
disease or condition resulting in death) Sequentially list conditions if any, leading to immediat	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART il. Other algnificent	conditione contributing to deeth		e underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO M	EDICAL		26. PLACE OF DEATH	Mck only one)					
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou		HER: Nursing Home 5 Desidence	6 Other (Specify)					
27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME OF	28c, INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED)			
			WORK? M 1 YES 2 NO						
2 Substate	atigation 28e, PLACE OF INJUR	IY — At home, ferm, street		261, LOCATION (Street and Number or Rural Route Number.					
3 Sulcide 6 Cou 4 Homicide date 29e. CERTIFIER (Check only 1 CERTIFY one) 2 MEDICA	ld not be building, etc. (Sp		,	City or Town, State)	THE PROPERTY OF THE	Tioning manager			
29e. CERTIFIER (Check only one)	ING PHYSICIAN: To the best of my kno	/							
2 MEDICAN	EXAMINER: On the beels of examinet	fon end/or investigation, in	my opinion, death occured at th	e time, date end place, en	d due to the ceu	se(e) end manner ee stated.			
296. SIGNATURE AND TITLE OF	CERTIFIER MAR	ism	29c. LICENSE N	2645	29d. DATE SIGN	NED (Molyh, Day, Year)			
30. NAME AND ADDRESS OF PE	PRODUMNO COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type, Print		DAVE.	BALTO	- MD. 21222			
31. DATE FILED (Month, Day, Year	3r. REGISTRAR'S SIG								





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

)	FOR 1 - STATE	STATE OF P	MARYLAND_/	DEPAR	RTMENT	OF H	IEALTH	AND ME	NTAL HYGIEN	9 [328	306
-	REGISTRAR		CI	ERTIF	ICATE	OF	DEA	TH	REG. NO	,		
18		1. DECEDENT'S NAME (First, Middle, Last) 2. DA MO								AY	YEAR 3.	TIME OF DEATH
	RUBEN 4. SOCIAL SECURITY NUMBER	5. SEX) , ;	_						2:01 A
	495-87-0705	1 X M 2 F	6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	HOURS	1 24 HRS. 7.	(Month, Day, Year)		Gountry)	CE (State or Foreign
			22	YRS.					8-30-69)	Mexi	СО
or	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	OR LOCATI	ON OF DEATH	Н	9c. COUNT	Y OF DEAT	н
DIRECTOR	UNIVERSITY HO	SPITAL	I.C.U		В	ALT	IMOF	RE				
EC	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION					
1 5	Md.											I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			B	alti		ZIP COD	e		Lacarina		XYES 2 NO
R	112 0 0-114					101	212			1		COUNTRY?
FUNERAL	11.3 S. Collin	12. WAS DECEOEN		MEO	12.1	WAS DEC			ORIGIN? (Specify Yea		exic	
	1 Never Merried 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	1 1	Ve8, 804	ecify Cuba	n. Mexican. P	uerto Ricen, etc.)	or No-	4. RACE — Black, WI	American Indian, hite, etc.
ВУ	3 Widowed 4 Olivorced	II IES, GIVE W	MA ON OATES		'	XYES	2 NO	Specify: exic:	ian		Specify:	
ED	15. DECEOENT'S EDU (Specify only highest grad	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO)M		16b. KINO OF BUS		exic	lan
H	Elementery/Secondary (0-12)	College (1-4 or 5 +	(Gi	Do NOT us	work done d se retired.)	luring mos	st of workin	ng				
MP	8th grade											
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAME	(First, Middle, Maiden	Surname)		
BE (Ruben L. Mc	reno						Rico				
0	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	AOORESS	(Street ar			e Number, City or Tow	n, Stete, Zip C	ode)	
F	196. INFORMANT'S NAME (Type/Print) Linda Moreno 193. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Linda Moreno 113 S. Collington Ave. Balto., Md. 2123											
	20e. METHOD OF DISPOSITION Solution Solution Solution Solution State											
1	4 Donation 5 Other (Specify)	- A	Pani	matory or o	Mun	nisi	pal	-	Me	rico	City	, Mexico
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE						SS OF FACILI	TY	AICO	CILY	/ nexico
	> Chame t	1. 2h	mppor	To	5	Mar	ch	F/H H	East oth Ave			
	23. PART I/Enter the disease, or	complications that				110) 1 E	. No	cth Ave			
	shock, or neert fellure.	List only one ceu	ge on each line	atn. Dor	ot enter	tne mod	de of dyl	ng, such a	e cardiec or respi	ratory erres	it.	Approximate intervel Between
	iMMEDIATE CAUSE (Finel disease or condition		1	44.								Oneet end Death
	resulting in death)	a	OR AS A COMME	100								
		OUE IN	(OH AS A COMBEC	DUENCE GI	-):							
CERTIFICATION	Sequentielly liet conditione,	b	(OR AS A CONSEC	HENCE OF	n.	-						
AT	If eny, leeding to immediate ceuse. Enter UNDERLYING		(or no n conde	OLINOL OI	,							
F	CAUSE (Diseese or Injury that Initiated events	C. OUE TO	OR AS A CONSEC	DUENCE OF	າ:	_						
H	resulting in deeth) LAST				,							
S		d										
AL	PART II. Other eignificant condition	e contributing to	death but not re	esulting I	n the unc	derlying	cause g	iven in Per				E AUTOPSY FINDINGS
MEDICAL									PERFOR		CON	LABLE PRIOR TO
ME									1			YES 2 NO
												169 2 100
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PL/	ACE OF DE	EATH (Check of	anly one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	:			Other (Specify)			
Ή	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIMI	E OF	28c. INJU			d. DESCRIBE HOW IN	LIURY OCCUE	en.	
	1 Natural 5 Pending	(Month, Da	1y, Year) 24 - 91	INJI	URY M	WOF	RK? ES 2 X		UBJECT			EL.F
ВУ	2 Milates —	28e. PLACE OF	INJURY - At hor	ne, ferm, a	treet, fecto				LOCATION (Street a			
TED	4 Homicide 8 Could not be determined	building, o	etc. (Spacify)		ORE		ENT		City or Town, State)	Trumber or	. au air moute	11001,
COMPLET	29e. CERTIFIER	CIAN To 4										
MP	Check only CERTIFYING PHYS	CIAN: To the best of a	my knowledge, dea	with occurre	d at the tin	ne, date a	and place,	and due to the	he cause(s) end man	ner as stated.		
8	2 X MEDICAL EXAMINE		amination and/or le	nveatigatio	n, in my op	inion, de	ath occur	ed at the time	, date and place, and	f due to the c	ause(s) and	menner as stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIE	20 -1	/)				29c. LICE	NSE NUMBER	1	29d. DATE S	IGNEO (Mon	th, Day, Year)
10	1 Juin (X	4				0.	C ME.		▶ 11	- 25	5 - 1991
	MAME AND AGORESS OF PERSON WH	O COMPLETEO CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)							

DHMH-16 Rev 1/89

111 penn street BALTIMORE, MARYLAND 21201

The o s 1991 of Carlotte

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARY	AND / DEPART	MENT OF I	JEALTH AND	BACAUTA: 11V/	91	328	307	
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Theresa	OTALE OF MARKET	CERTIFIC	CATE OF		2. DATE OF DEA	i. NO.	YEAR	. TIME OF DE	EATH
	216-01-2931	1 M 2 M F	88 YRS. M	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	11/ 7. DATE OF BIRT (Month, Day,) 9/15	ГН		2:22 ACE (State or	A M
RECTOR	9a. FACILITY NAME (If not institution, give stre FURNIKLIN SQUARESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	de Hasp),	BALT	OR LOCATION OF D	nD.		timor		nty
□	D. 10a. STREET AND NUMBER			LTO.	I. ZIP CODE		10g. CIT		LIMITS? VES 2	NO NO
FUNERAL	6704 GARY # 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 N NO	If yea, sp	2/22 ENDENT OF HISPA ecify Cuban, Maxico	NIC ORIGIN? (Spec	Ify Yes or No—	14. RACE -	S. A.	
TED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade co	IF YES, GIVE WAR OR C	18a. DECEDENT'S US	SUAL OCCUPATION done during mo	2 NO Special S		OF BUSINESS/INC	Specify	shite	5
COMPLETED	Elementary/Secondary (0-12) LLN KNOBON 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	Me. Do NOT use	retired.)		CRO	WN C	DRK	4 Se	AI.
TO BE C	19a. INFORMANT'S NAME (Type/Print)	URMOWI		DDRESS (Street &	AN and Number or Rural	TOINE	tte k		ALS	KA
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		D. PLACE AND DATE OF netery, crematory or other DI P PO SAR	r place)	ach wo		D BA	City or Town,		1997
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	014 10034	22. NAME AP	S. CH	O	PA 10 T.	Web	er l	- H.
	23. PART I. Enter the disesses, or conshert failure. List immediate CAUSE (Final disesse or condition reculting in death)	Congestiv	e Heart]	enter the mo	de of dying, suc	h es cerdiec or	respiratory arr	rest,	Approxi	mete
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	Coronary DUE TO (OR AS A	Artery D CONSEQUENCE OF):	isease						
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditions of Occipital Cere Atrial Fibrilla	brovascular	ut not resulting in Accident	Stroke	ceuse given in	Pert i. 24a. W	AS AN AUTOPSY REFORMED? ES 2/1 NO	CO OF	THE AUTOPSY AILABLE PRIO MPLETION OF DEATH?	R TO CAUSE
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL:		THER:	ACE OF DEATH (Ch		r)	1		
B≺	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Sutoida 6 Could got be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME O	M 1 V	RK? ES 2 NO	25d. DESCRIBE H				
COMPLETED	4 Homicide Scarring S	building, etc. (Spec	ify)			28f. LOCATION (S City or Town,	State)		Number,	
BE COM	20b. SIGNATURE AND TITLE OF CERTIFIER	On the beels of examination	and/or investigation, i	n my opinion, de	eath occured at the	time, deta and place	a, and due to the	e cause(a) an		
TO	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE.	ATH (ITEM 27) (Type, Pri	fo S	1. R.	336 timore	MI	- 28.	-91	,
	DEC 0 2 1991 July	Janagistran's sign	TURE		1110	THUT) [[]	41	a V 0	

		214-01-2931
		me
1 2 31		
		portugation.
		and Edward Albanes
	404 8	SERVICE SUPPORT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFI	CATE OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last	0					2. DATE OF	DEATN		3	. TIME OF DEA	ATN
	John Ross	MARTIN					MONTH 11	28		YEAR	4:12	Λ Μ
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			ACE (State or F	Foreign
	179-03-9684 9e. FACILITY NAME (If not institution, give	1 XM 2 F	79	YRS.	NONTHS DAYS	HOURS MIN.		hey, Year) 4-191	2 1	Penns	sylvan	
CTOR	Franklin Square					or location of t	DEATH		Balti		TN Count	ty
DIRECTOR		timore			TOWN OR LOCAL	TION					Od. INSIDE CIT	
FUNERAL	506 Nollmeyer Ro	1.			10	21220			U.S.		AT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12, WAS DECEDENT EV FORCES? 1 1 1	ES 2 NO		If yes, sp	CENDENT OF NISPA ecify Cuban, Maxic XX NO Speci	an, Puarto Rice	Specify Yes	or No 14	Specify Whi	- American Ind White, atc.	len,
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DEC	EDENT'S U	SUAL OCCUPATION of done during more retired)	ON ast of working	16b. KI	ND OF BUS	SINESS/INDUS			
DMPL	Inknown 17. FATHER'S NAME (First, Middle, Last)			Ret.	Electr	onic Tec	hnicia	ın	Benc	lix		
BE C	William Martin					18. MOTNER'S N. Cather	ine Ro	ss				
10	19a. INFORMANT'S NAME (Type/Print) Thelma Martin		19b. 50	MAILING A	llmeyer	Rd. Bal	Route Number,	City or Town	n, Stete, Zip Co 220	ode)		
	20a. METNOD OF DISPOSITION 1 Burial 2X Cremation 3 Red 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE AN	D DATE OF	pisposition (Na dr place) Cremat	ime of	DATE 1-30-9	20c. LO	CATION — CIt			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	JECCII I	IOGITE	22. NAME AN	ID ADDRESS OF E	CHITY		Balto.			
	23. PART I. Enter the disease, or	complications that can	MCC	5550	2134	ey-Ashto Willow S	pring	Rd.,	Dunda	alk,N		
	ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Head a	nd Necl	k Ca	ncer	oe or dying, auc	en ae cardiec	or reapi	retory erree	,	Approxim Interval B Onset and	Between
ATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	b	AS A CONSEQU									
CERTIFICATION	CAUSE (Disease or Injury thet initieted events resulting in death) LAST	d.	AS A CONSEOU	ENCE OF):								
- 1	PART II. Other significent condition	ne contributing to deel	h but not rea	ulting in	the underlying	ceuse given in	Part I. 24	. WAS AN	MITTOPSY	24b W6	ERE AUTOPSY F	Think oc
PHYSICIAN: MEDICAL	Atrial Hypothyro	Fibrillation	n					PERFORI	MED?	AM CD OF	AILABLE PRIOR OMPLETION DF (TO CAUSE
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF DEATH (CA	eck only one)					
SIC	1 YES 2 NO	HOSPITAL:	Outpatient 3		THER:	5 🗆 Residenca	8 Other (Sr	nacíhu)				
동	27. MANNER OF DEATN	28a. DATE OF INJUI (Month, Day, Yes		28b. TIME (OF 28c. INJI	URY AT			JURY OCCUR	ED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Workin, Day, Tel	"	INJUH		ES 2 NO						
ETED 8	3 Suicida 8 Could not be determined	28e. PLACE OF INJI building, atc. (5	JRY — At home Specify)	, fsrm, stra	et, factory, office		281. LOCATIO	N (Street allown, State)	nd Number or i	Aural Route	Number,	
COMPLE	29a. CERTIFIER 1 CERTIFYING PNYS (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of my kr	nowledga, death	occurred estigation,	at the time, date	and place, and due	to the ceuse(s) and meni	ner es stated.	ause(s) en	nd manner es s	stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI					onth, Day, Year)	
0 1	30. NAME AND ADDRESS OF PERSON WI	TOWN A	DEATH OTEM	7) /Ton D	int)	D42	336	>	▶ 11	12	8/9	1
	600 N. 11	14/to 5	-	Bol	Hima	no r	ND	2	120	6		
	31. DATE DE COO 2 1991	JUMA DAYAS	gnature mande	ee_								



1	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

- STATE REGISTRAR		CE	ERTIF	CATE OF			MENIAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	4 100	3. TIME OF DEATN
BENJAMIN	F.	MCCI	READY	JR.			MONTH DAY	Q /	0500A
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH	S. BIRT	NPLACE (State or Foreign
219-14-0314	1 M 2 D F	66	YRS.	MONTHS DAYS	HOURS	MIN.	11-29-1924		ryland
9a. FACILITY NAME (If not institution, give si	freet and number)			9b. CITY, TOWN	OR LOCATION	ON OF DE	ATH 9	c. COUNTY OF	DEATH
UNION MEMORIAL H	OSPITAL			BALTIM	ORE C	CITY			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
100			10c. CITY	, TOWN OR LOCA					10d. INSIDE CITY
Maryland				Balt	imor	e Ci	ty		YES 2 NO
4417 Harcourt Rd.				1	212		11	ug. CITIZEN OF	WNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2. Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? X1 5 IF YES, GIVE WAI	TES 2 N	MED IO W 11	It yea, s	CENDENT O	n, Maxica	IIC ORIGIN? (Specify Yaa or n, Puarto Rican, atc.)	No— 14. RAC Blac Spec	E — American Indian, ck, White, atc.
15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S I	USUAL OCCUPAT	ION		16b. KIND OF BUSINE	ec (INDITETRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ve kind of w Do NOT use	ork done during m	ost of working	g	100, KIND OF BUSINE	:35/INDUSTRT	
6th grade	Conega (14 or 5+)	Mai	ntena	nce Med	chani	c	General 1	Electri	e Co.
17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle, Meiden Sun		00.
Benjamin F. McCre	eady. Sr.					cy F		raine)	
9a. INFORMANT'S NAME (Type/Print)	3, 52,	100	MAHING	ADDDESS (O		-			
Mrs. Barbara L. I	Accready						Route Number, City or Town, S ltimore. Ma:		21214
On. METNOD OF DISPOSITION		20b. PLACE A	NDDATEO	F DISPOSITION /A	ame of		DATE 20c. LOCAT	ION — City or T	own State
Burial 2 □ Cremation 3 □ Remo Donation 5 □ Other (Specify)	oval from Stata	cemcialy cre	"Char	Ber W. M.	C. Cei	mete	ry 11/30 Ba:	lto., M	id.
SIGNATURE OF FUNERAL SERVICE LICE LABORATOR DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPA				22. NAME A	ND ADDRES	s of fa	ral Home		
23. PART I. Enter the diseases, Dr c							Rd. Balto.,		1236
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECUTE AS A	Che DUENCE OF	unia	2 /	nan	coagulo pa	hision	
				_ · w					
PART II. Other algolificant conditions	contributing to de	eath but not re	eaulting in	the underlylr	g cauae g	iven in	Pert I. 24e. WAS AN AUT PERFORMED 1 TYES 2	77	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DE	EATN (Che	ock only one)		
1 YES 2 ND	HOSPITAL:	R/Outpatient 3		OTHER: 4 Nursing Hor	na 5 🗆 Rad	nidenca	8 Other (Specify)		
7. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME INJU	DF 28c. IN	JURY AT DRK? YES 2		28d. DESCRIBE NOW INJU	RY OCCURED	
3 Suicide 8 Could not be determined	28a. PLACE OF I building, at	NJURY — At hor c. (Specify)	ne, tarm, st	reat, factory, offic	a		281. LOCATION (Street and I City or Town, State)	Number or Rural	Route Number,
90. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of m	r knowledge, das	th occurred	i at the time, deta	and place,	and dua	to the cause(a) and manner	an atated.	a) and mannar as stated.
96. SIGNATURE AND TITLE OF CERTIFIER	, mi)				29c, LICE		BER 29	d. DATE SIGNED	Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WHO	CDMPLETED CAUSE	OF DEATN (ITEM			MOR	AL	HOSPITTM		
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	_20m	falls.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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10 de 16 de	am i Junior Tunama 401 Eurosa (d. parto.				

BALTIMORE, MARYLAND 21215-0020	- DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	MOCOTOD Above the hope been been discounted by the second of the second
BALTIM	s after death. Page	for the forest Prince
	I nour	Man of the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within 24	hoos cioned by the retarned on the winter and normalists. All
DIVISION OF VITAL	. DR ATTENDING PHYSICIAN: The law	DIDC/TDD. After this partificate has

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICATE OF	DEATH	REG.	NO		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	1		3. TIME OF DEATH
- 1	RALPH PROUT					11	26	1991	
	4. SOCIAL SECURITY NUMBER 212-12-7373	5. SEX 1 M 2 F	6. AGE (In yrs. lest birtho	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	?. DATE OF BIRTH (Month, Day, Year		7	HPLACE (State or Foreign ry)
	9e. FACILITY NAME (If not institution, give	street and number)	70	96. CITY, TOWN	OR LOCATION OF D	3-1-1915 FATH	l ec cou	BALT UNITY OF	IMORE
10101111	3908 COLBURNE RO	AD		1999	IMORE		36.000	JINIT OF T	ZEATH
	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR LOCA	TION				10d. INSIDE CITY
	MD.			BALT	IMORE				LIMITS?
	10e. STREET AND NUMBER			10	ot. ZIP CODE		10g. CI1	TIZEN OF	WHAT COUNTRY?
	3908 COLBURNE	ROAD			21229			Υ.	ISA.
	11. MARITAL STATUS	12, WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify	Yae or No-	14. RAC	E — American Indian.
ı	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA			S 2 XNO Speci	en, Puerto Rican, etc.) fy:		Spec	k, White, etc.
1		10.5						BI	ACK
	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kind	IT'S USUAL OCCUPAT of work done during m	ION ost of working	18b, KIND OF	BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NO	OT use retired)					
	17. FATHER'S NAME (First, Middle, Last)		RET	TRED					
ı	II. PATRER 3 RAME (First, Miccio, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	den Surname)		
	19e. INFORMANT'S NAME (Type/Print)								
				ING AODRESS (Street					
ı	DORIS PROUT			COLBURNE					
	1 N Burial 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	cemetery, cremetory	TE OF DISPOSITION (N or other place)			LOCATION —		
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	GARRIS	ON FOREST			WINGS,	MILLS	MD.
	· Charles	e D. 1	Blown	JOSEP	H H. BRO	WN JR. FU	NERAL	HOME	E, P.A.
1	23. PART I. Enter the diseases, or	complications that	council the death D	11913 W	. BALTIMOR	E ST. BALTO	. MD. 2	1223;	P.O. BOX 44
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. EVE	NTUAL DR AS A CONSEQUENCE	E OF):			-		Interval Batwe
	Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents reaulting in death) LAST	a HY	ON ALY OR AS A CONSEQUENCE OR AS A CONSEQUENCE	Ston n	7 DISE	AASE AABETI	ED M	BUI	741
	PART II. Other significant condition	ARR H	1	ng in the undarlyin	g cause givan In	PERF	AN AUTOPSY ORMED? 2 0 NO	24b	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?
	25. WAS CASE REFERRED TO MEDICAL			20.5	ACE OF PERSON				
	EXAMINER?	HOSPITAL:	ED/Outpaties 2 7 7	OTHER:	LACE OF DEATH (Ch				
1	27. MANNER OF OEATH	28a, DATE OF IN	VJURY 285		ie 5 Reeldence	6 Other (Specify)	M (b) (1500 - 70	01105	
	1 Natural 5 Pending	(Month, Day,		INJURY WO	VES 2 NO	28d. OEŞCRIBE HOV	W INJURY OC	CURED	
	2 Accident Investigation 3 Suicida & Could not be	28a. PLACE OF	INJURY — At home, terr			281 LOCATION (C)	ot and the		- Maria
	4 Homicide Getermined	building, et	tc. (Specify)	, Sweet, Metory, Offic		City or Town, Sta	et and Number ite)	or Hural F	toute Number,
1	29e. CERTIFIER								
-	(Check only		y knowledge, dasth occ						
	2 MEOICAL EXAMINE	:R: On the beals of exa	mination end/or investige	ation, in my opinion, o	leath occured at the	time, date end place,	end due to th	ne ceuse(e	end manner ee etated.
	296. SGNATURE AND TITLE OF CERTIFIE	R 12	0	2	29c. LICENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
1	(mpupo	Kank	0~14,1	ND			-	NI:	26/1991
1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITEM 27) (7)	rpe, Print) Mi	TOM'BO	KANK	ONDE	mi	
1	ST AGN	Es Ho	PITAL	BYA	LTIMO	230		,	
1	31. OATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE						
	nco 9 1001	A. S. Harris	A A LINET BAPT OF THE AN						



01022 17

Charles D Bios.

SHAPL THE TOURSE

THE PARTY OF STREET, SAME ASSURED ASSURED

MANAGED STORY

Car a Lawrence Ward

SANSTITUTE DATE OF LAND OF THE PARTY OF THE

DIVISION

DIRECTOR HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10s. STATE 10b. COUNTY MD BALTIMORF 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1419 E. FEDERAL STREET 21213 burial-transit attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify BY 3 Widowed 4 Divorced use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION pecify only highest grade complete (Sp Page 6 may be retained by the hospital or be detached for Elementary/Secondary (0-12) College (1-4 or 5+) N/A 17. FATHER'S NAME (First, Middle, Last) at ROBERT PARHAM, SR. MARY GATLING BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 2 THELMA FITZGERALD be 20a METHOD OF DISPOSITION
1 M Burlet 2 Cremetion 3 20b. PLACE ANO DATE OF DISPOSITION (Name OATE must funeral director, "AUBURN"CEMETERY 4 Donstlon 5/ Other (Specify) examiner FUNFPAL SERVICE LIC 21. SIGN- 2 22. NAME AND ADDRESS OF FACILITY urs after death. Zun and completely filled in by the public burial, cremation, or removal. medical shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final the disease or condition certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ob. traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) prior to If any, leading to immediate the attending physician Mental Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents reaulting in death) LAST 0 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by the Health and N any has been signe bept. of Health n 23 shows a PHYSICIAN: DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) this certificate h Item HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 27 MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? marked, 1 Natural 5 Pending M 1 YES 2 NO BY After t 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 60 8 Could not be DIRECTOR: A COMPLETED 4 Homicide 28 datarmined Hem TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If II FUNERAL within 72 I 29b. SIGNATURE AND TITLE OF CERTIFIER BE RESIDENT 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RUEN MESKE 448 Westview

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Parham 3. TIME OF OEATH (LEE) PARHAM, JR. Robert 1251A 26 91 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 M 2 F 216-05-3640 16 YAS. 10 05 15 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH BALTIMORE CITY 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Il yes, specify Cuban, Mexican, Puarto Rican, atc.) BLACK 18b. KIND OF BUSINESS/INOUSTRY 18. MOTHER'S NAME (First, Middle, Malden Surname) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1419 E. FEDERAL ST./BALTIMORE, MD 21213 20c. LOCATION - City or Town, State BALTIMORE, WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, **Approximate** Onsat and Death ens 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF OEATH? 1 | YES 2 | NO 4 Nursing Home 5 Residence 8 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Puna Davidson DFC 0 2 1991



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	
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	REGISTRAR	STATE OF MARY	CERTIFICA	TE OF DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, La	5. SEX 6. AGE	E (In yrs. Islandsimoloy) IF U	Jr. NDER 1 YEAR # UNDER 24 HRS.	7. DATE OF BIRTN	26 9	3. TIME OF DEATH 1507 BIRTNPLACE (State or Foreign
ron	NA 90. FACILITY NAME (If not institution, gi	Varuland Mad		CITY, TOWN OR LOCATION OF DI		991	MD
DIRECTOR	10a. STATE 10b. COU		10c. CITY, TOV	WN OR LOCATION ALTIMORE CIT			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1433 E. FAYE			10f. ZIP CODE 21231		U.S	OF WHAT COUNTRY? A
BY	1 X Xever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2XX10	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 YES 2 X NO Specifi	in, Puerto Rican, alc.)		RACE — American Indien, Black, White, atc. Specify: Black
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12) Child 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of work ok life. Do NOT use retire Ch j	one during most of working ed.)	18b. KIND OF BU	.1d	
BE	Ronald W. (10h MAH ING AGG	Delona		lips	
TO			3031 Ha	RESS (Street and Number or Rural I Amilton Aver POSITION (Name of PARK CEM.	nue/Balti	MORE,	Md. 21214
	23. PART I. Enter the discusses, of	or complications that cause	ed the death. Do not en	WM.C.MARCH			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST	a. PUMOR DUE TO (OR AS A DUE TO (OR AS A)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Spertension Josis	haa cardlac or reap	ratory arrast,	Approximate Interval Betwee
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. PUMOR DUE TO (OR AS DUE TO (OR AS C. META 6 DUE TO (OR AS d. LONG CONTRIBUTING to death be	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the	ypertension dosis underlying cause given in	Part I. 24e. WAS AN PERFOR	EWDOYY AUTOPSY IMEO?	Approximate interval Betwee Onset and De Ons
CERTIFI	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions.	a. PUMOR DUE TO (OR AS A DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the	underlying cause given in Coagulatic 26. PLACE OF DEATN (Che 1ER: 10	Part I. 24a. WAS AN PERFOR	AUTOPSY IMEO? NJURY OCCURE	Approximate Interval Betwee Onset and Decided and Deci

BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use allow within 70 hours after death with the State Dent of Health and Mental Hyriene prior to burial cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PHYSICIAN: MEDICAL CERTIFICATION

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FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	- · · · ·	,	AIL OI	DEATH	2. DATE OF	DEATN	3	. TIME OF DEATN
THYRECIA E	DITH . PL	OWDEŃ -			MONTH	ZI	YEAR	220 PM
4. SOCIAL SECURITY NUMBER 337	S. SEX	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTHY ay: Your 24	a. BIRTNPL Country)	ACE (State or Foleign
Sa. FACILITY NAME (If not institution, give so	treet and number)	nAm "	BA	A LOCATION OF DE	ATH 2	9c. CC	OUNTY OF DEA	тн
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	nove C	1/2	7		Od. INSIDE CITY LIMITS? TES 2 NO
100. STREET AND NUMBER HOL	UNS St	-	101.	ZIP CODE 2/2	23	10g. C	ITIZEN OF WN	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPAN ocity Cuban, Mexican 2 X NO Specify	n, Puarto Rica	Specify Yes or No-	Bleck, Specify:	- American Indian, White, etc.
, 15, DECEDENT'S EDU- (Specify only highest grade		16a. DECEDENT'S USL	done during mos	N st of working	t6b, KI	ND OF BUSINESS/I		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	tired.)		11	NTERNAL 1	REVENU	E
17. FATHER'S NAME (First, Middle, Last)			11,14	18. MOTNER'S NAI	ME (First, Midd	dle, Maiden Sumame)	
HENRY SCOTT				THYRA	RIK			
19a. INFORMANT'S NAME (Type/Print)			· ·	nd Number or Rural F				
CLAUDIA CLAYBORN 208. METHOD OF DISPOSITION	7			ICE BALT	IMORE	1		
1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	other place) UESTERN		EMETERY		CATON		MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	e D. B		JOSEP 1913 W.		WN JR	LTO. MD.	21223; E	P.A. P.O. BOX 4433
23. PART I. Enter the diseases, or cashock, or heart failure.	complications that cause List only one cause on	ed the death. Do not each line.	enter the mo-	de of dying, suci	h aa cardiad	c or reapiratory	arrest,	Approximate interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Card	iac c	yry	the me	2_			Onset and Death
	DUE TO (OR AS	A CONSEQUENCE OF):	is					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Chr	A CONSEQUENCE OF): A CONSEQUENCE OF):	rena	l fa	ll	n		
	d	PRICE						
PART II. Other significant condition	ns contributing to death	but not resulting in t	he undarlying	g cause given in		4a. WAS AN AUTOPS PERFORMED?	_ 6	WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? I YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) ☐ Impettent 2 ☐ ER/Outpetlent 3 ☐ DOA 27. MANNER OF DEATH

28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY

28c. INJURY AT WORK?

1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

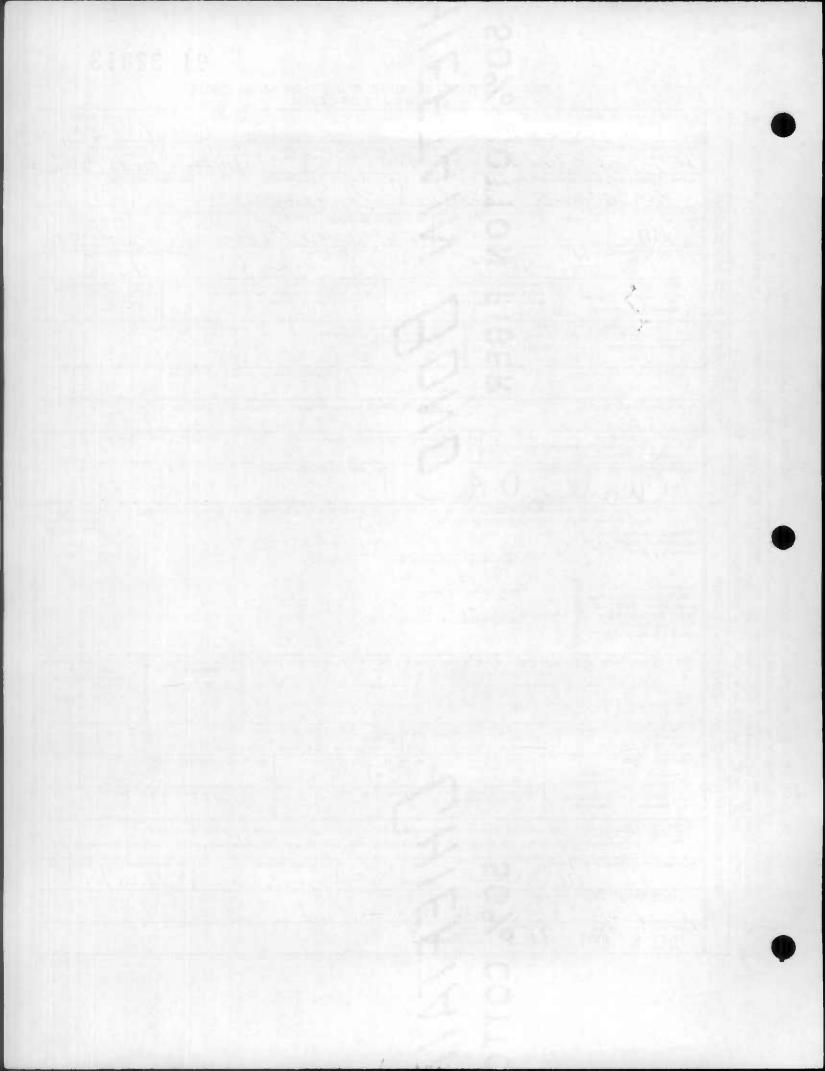
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner or stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Months Day, Year) nel 75 11

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
DEC 2 199 1991

32. REGISTRAR'S SIGNATURE
tha Davidson-Randson



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 Feurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	IOAIL OI	DEATH	2. DATE OF DEATN		3. TIME OF DEATN
	JAMES F. POWEI	.L				11 30		8:15 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign
	089-10- 0785	1XXM2□F 73	YRS.	MONTHS DAYS	HOURS MIN.	JULY 5, 19	918	SCOTLAND
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN C	R LOCATION OF D			Y OF DEATH
DIRECTOR	FREDERICK VILLA	NURSING HOME		CATON	SVILLE		BALT	IMORE
REC	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND BAL	TIMORE	PA	RKVILLE			200	1 TYES 2 NO
FUNERAL	9 WHITE SPR	UCE COURT		101	. ZIP CODE			N OF WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	21234	NIC ORIGIN? (Specify Yea		. RACE — American Indian
B≼	1 Never Merried 2 Merried 3 Widowed 4 Divorced			If yea, sp		an, Puerto Rican, etc.)		Specify: VHITE
8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATIO	ON st of working	16b. KIND OF BUS	SINESS/INDUS	STRY
COMPLETED	Elementary/Secondary (0-12)	Collega (1-4 or 5+)		work done during mo		FEDERAI	GOVE	RNMENT
\$ h	17. FATNER'S NAME (First, Middle, Last)	4	MANAGEME	INI ANALI		AME (First, Middle, Maiden	Sumamo)	
Ö	FRANCIS	POWELL			MARY	THE (First, MICOID, MICOOIT	Surname)	
BE	19a, INFORMANT'S NAME (Type/Print)	TOWELL	19b. MAILING	ADDRESS (Street a		Route Number, City or Town	n, State, Zip Co	ode)
٩	MARY JO HOFMANN	(DAUGHTER)				PARKVILLE N		
	20a. METNOD OF DISPOSITION 1 St Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State MI	o. PLACE OF DISPOS O. STATE VI	SITION (Name of cer ETERANS CE	TETERY CRO	WNSVILLE CF		y or Town, State ILLE MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AN	ND ADDRESS OF FA	ACILITY		
	Dorsa Pri	It.la. Sai	145					JNERAL HOME
	25 PAHT I. Enter the diseases, or	complications that cause	d the death. Do i	not antar tha mo	de of dving, suc	N AVE CAT	ONSVII	LE, MD 21228
	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one cause on a	ach line.					Interval Batween Onsat and Death
	disease or condition	P						1
		- Ineum	D 11 1 9					Solars
	resulting in death)	a. Theum DUE TO (OR AS	ON/9 A CONSEQUENCE O	F):				5 days
N		DUE TO (OR AS /	A CONSEQUENCE O					Sdays
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /						Sdays
FICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS /	A CONSEQUENCE O	F):				Sdays
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS /	A CONSEQUENCE O	F):				Sdays
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS /	A CONSEQUENCE O	F):			AVERAGE	Solarys
CAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated avants	DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / d	A CONSEQUENCE O	F): F): In the underlyin	- /	Denro-		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DE CAUSE
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CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST	DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / d	A CONSEQUENCE O	in the underlying	- /	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST PART II. Other significant condition PART II. Other significant condition Signarian 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAN 27. MANNED OF DEATN 1 Natural 5 Pending	DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. DUE TO (OR AS A HOSPITAL: 1 Inpatient 2 ER/Out	A CONSEQUENCE O A CONSEQUENCE O Dut not resulting MG. (In the underlying 28. Pl 28. Pl OTHER: 4 Datursing Norries OF 28c. IN. WC	LACE OF DEATN (C	PERFOR 1 YES 2 heck only one) 6 Other (Specify)	IMED?	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST PART II. Other significant condition PART III. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEO OF DEATN 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be	DUE TO (OR AS / DUE TO (OR AS / C. DUE TO (OR AS / DU	A CONSEQUENCE O A CONSEQUENCE O Dut not resulting M & (Desirent 3 DOA 28b. Tile IN.	In the underlying 28. PI OTHER: 4 DATURING Nom IE OF 28c. IN. WC M 1	LACE OF DEATN (C) THE 5 CHECKER REPORT REPOR	PERFOR 1 YES 2 heck only one) 6 Other (Specify)	NJURY OCCU	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST PART II. Other significant condition PART II. Other significant condition Signarian 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAN 27. MANNED OF DEATN 1 Natural 5 Pending Investigation	DUE TO (OR AS / b. DUE TO (OR AS / c. DUE TO (OR AS / d. DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O Dut not resulting M & (Desirent 3 DOA 28b. Tile IN.	In the underlying 28. PI OTHER: 4 DATURING Nom IE OF 28c. IN. WC M 1	LACE OF DEATN (C) THE 5 CHECKER REPORT REPOR	PERFOR 1 VES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCU	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST PART II. Other significant condition PART III. Other significant condition PART II. Other significant	DUE TO (OR AS / b. DUE TO (OR AS / c. DUE TO (OR AS / d. DUE TO (OR AS / l. DUE TO (OR AS / d. DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting M G (28b. Till in. Y — At home, farm, cify)	In the underlying 28. PI 28. PI OTHER 4 Divising Non IE OF 28c. IN, JURY M 1 street, factory, office and at the time, date	LACE OF DEATN (C) THE 5 Realdence SURY AT SHK? YES 2 NO THE	PERFORM 1 VES 2 2 VES 2 4 VE	NJURY OCCUI	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST PART II. Other significant condition PART III. Other significant condition PART II. Other significant	DUE TO (OR AS / b. DUE TO (OR AS / c. DUE TO (OR AS / d. DUE TO (OR AS / l. DUE TO (OR AS / d. DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting M G (28b. Till in. Y — At home, farm, cify)	In the underlying 28. PI 28. PI OTHER 4 Divising Non IE OF 28c. IN, JURY M 1 street, factory, office and at the time, date	LACE OF DEATN (C) THE 5 Realdence SURY AT SHK? YES 2 NO THE	PERFORM 1 VES 2 2 VES 2 4 VE	NJURY OCCUI	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST PART II. Other significant condition PART III. Other significant condition PART II. Other significant	DUE TO (OR AS / b. DUE TO (OR AS / c. DUE TO (OR AS / d	A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting M G (28b. Till in. Y — At home, farm, cify)	In the underlying 28. PI 28. PI OTHER 4 Divising Non IE OF 28c. IN, JURY M 1 street, factory, office and at the time, date	LACE OF DEATN (C) THE 5 Realdence SURY AT SHK? YES 2 NO THE	PERFORM 1 VES 2	NJURY OCCU	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST PART II. Other significant condition PART II. Other significant condition Signaria and Significant condition 2. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 2. MANNEB OF DEATN 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER CAUSE AND SIGNATURE CONTINUES.	DUE TO (OR AS / b. DUE TO (OR AS / c. DUE TO (OR AS / d. DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underlying S NOW A STATE OF LONG WE Street, factory, office on, in my opinion, of the street on, in my opinion, of the street of the st	LACE OF DEATN (C) The 5 Residence SURY AT SPK? YES 2 NO The second place, and du death occured at the	PERFORM 1 VES 2	NJURY OCCU	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2 2 7. MANNED OF DEATN 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS / DUE TO (OR AS / C. DUE TO (OR AS / DU	A CONSEQUENCE OF A CONS	In the underlying S NOW A STATE OF LONG WE Street, factory, office on, in my opinion, of the street on, in my opinion, of the street of the st	LACE OF DEATN (C) THE 5 Realdence FURY AT SPIK? YES 2 NO THE	PERFORM 1 VES 2	NJURY OCCU	AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,

by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Las	t)					DEATH	2.	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
			KATH	ERINE	: A.	PIELER		VEMBER 2			1215
4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday) IF UNDE	R 1 YEAR	IF UNDER 24 H	IRS. 7.	OATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
213-32-8265 A	1 MXXX F	88	YRS.	MONTHS	DATE	HOONS IN	J		903	MA	RYLAND
9e. FACILITY NAME (If not institution, give				9b. CIT	Y, TOWN	OR LOCATION (9n. COU	NTY OF D	EATH
ST. AGNES HOSPIT	AL	_					EA	LTIMORE			
10e. STATE 10b. COUP	ITY		t0c. C	ITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
MARYLAND	BALT	IMORE					CA	TONSVIL	LE		1 TES 2 NO
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
801 WINTERS LANE							2	1228	U	.S.A	•
11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	XXINO	13	If yes, sp		lexican, P	ORIGIN? (Specify Ye uerto Rican, etc.)	s or No—	14. RACE Bleck Spec	E — American Indian, k, White, etc.
15. DECEDENT'S E			18e. DECEDENT	'S USUAL (OCCUPATI	ON		16b. KIND OF BU	ISINESS/INI	DUSTRY	
(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 8	+)	ille. Do NOT	use retired.	aunng m	ost of working					
	4		NURSE					HEALTH	CARE		+
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	S NAME	First, Middle, Maider	Surnama)		
DANIEL ASHLEY							NICE				
190. INFORMANT'S NAME (Type/Print) PATRICIA HORSEY	(D AII GII III	ED.)						e Number, City or Tov			
	(DAUGHT	-						MORE, MAR			
20a METHOD OF DISPOSITION	emoval from State		PLACE OF DISP other place)						DATT		E, MARYLAND
4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICERSEE A		LITHOK			NO AODRESS			DALI	INOR.	E, MARYLAND
· Garan	, N/	Loui	C	- 1							NERAL HOMES
MARCIONI	Muy	coll	100								LE, MD. 21228
23 PART I. Enter the diseases, or shock, or heart failur	e. List only one ca	at, gausad use on aa	the death. Do	not anta	r tha m	oda of dylng,	such s	a cardiac or reap	oiratory ar	rest,	Approximata Interval Batwee
iMMEDIATE CAUSE (Final disease or condition		1	1111	1	13	allas	na		1 1		Onsat and Daat
resulting in death)	8. N	TOR AS A	CONSECUENCE	OF:		70,000	_/	em	601	us	1 hr
	- 002 11	(Un AS A	CONSCIUENCE	Orj.							
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS A	CONSEQUENCE	QF):							
CAUSE (Disease or injury that initiated evanta reaulting in death) LAST	DUE TO	OR AS A	CONSEQUENCE	OF):							
PART II. Other significant condit	iona contributing to	death bu	it not reaultin	g in the u	ındariyir	ng causa give	n in Par	PERFO	RMED?	24t	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES	2/5-10		DF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF OEAT	H (Check	only one)			
1 VES 2 NO	1 /2 Inpatient 2			4 🗆 Ni	ursing Ho			Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	(Month,	Pay, Your)		IME OF INJURY M	1 🗆	JURY AT ORK? YES 2 N	0	d. DESCRIBE HOW			
2 Accident Investigation 3 Suicide Part Could not	no mi rad			n, street, fe	erony, offi	Ce	1 28	If. LOCATION (Street	ment Blumba		

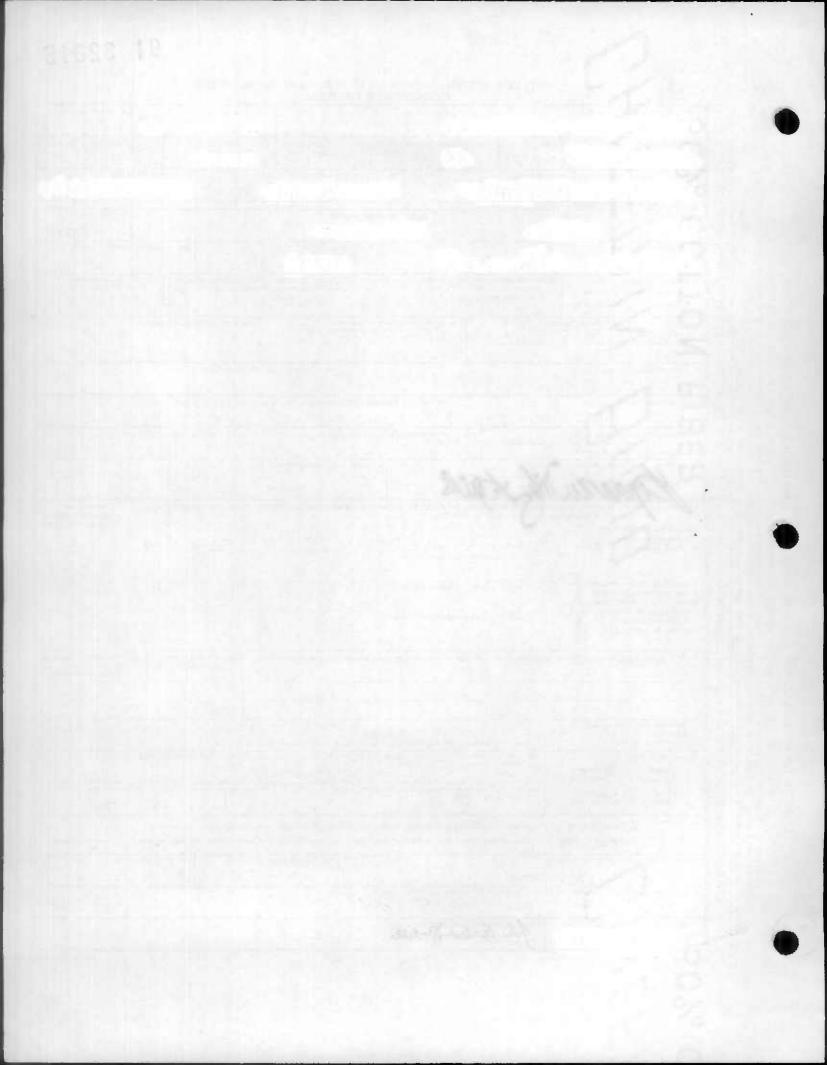
and the state of t	water occurso at the time, bate and place, an	a day to the codes(s) and manner se stated
29b, SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
A	250. EIOENGE NOMBEN	Zea, DALE SIGNED IMPART, Day, 1061)

WORSV 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

co-ten 160 900

31. DATE FILEO (Month. Day,

2



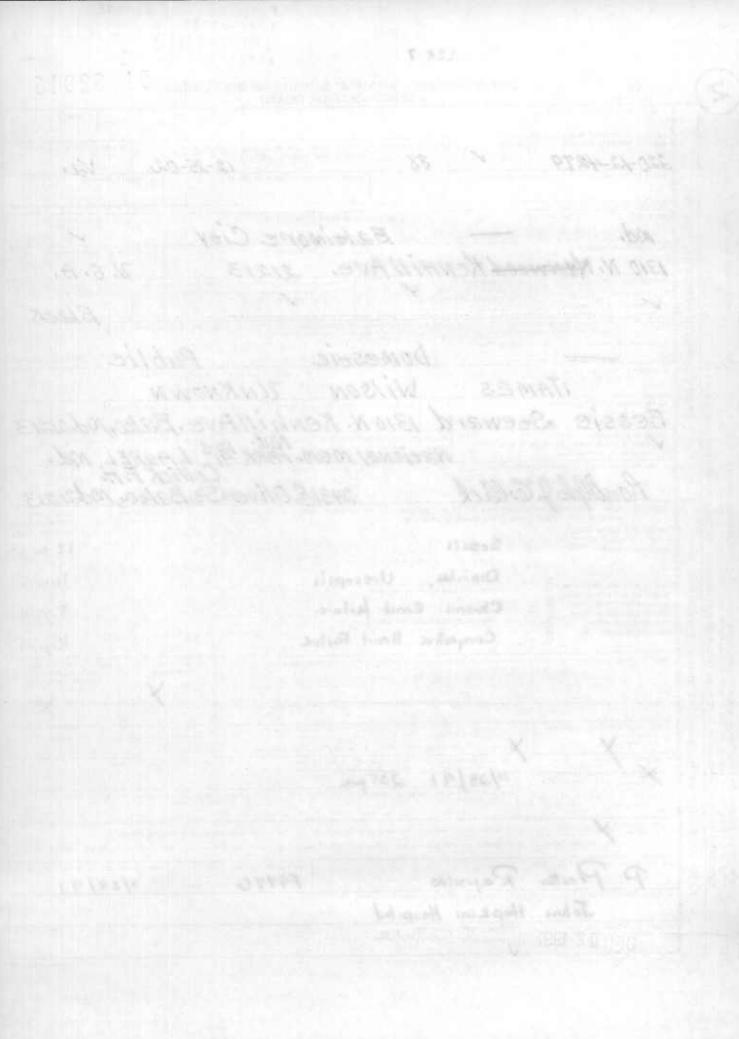
K 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending playsical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

100041912 32816 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ELITHE

Parton

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH		1 7 7	IME OF OEATH
	ELVINE	PAY	LOR							MONTH D	AY	YEAR	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	1991	a. BIRTHPLAC	E (State or Foreign
	221-12-42	79	1 M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	2	Country)	e (claire or roraign
	9e. FACILITY NAME (If not in	9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH					
R	THE JOHNS HOPKINS HOSPITAL												
5	RESIDENCE OF DEC	RESIDENCE OF DECEDENT						BALTIMORE C					CITY
DIRECTOR	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	LION		- 1		10d.	INSIDE CITY LIMITS?
	Md.				13	2/2	-100	nn	0 (151			VES 2 NO
FUNERAL	10e. STREET AND NUMBER	1	, ,,		. / 1		10	. ZIP COD	E		10g. CIT	ZEN OF WHAT	CDUNTRY?
Ä	1310 N. 14	THE PY	ond K	ENHII	LA	ve		21	121	3		71,50	A.
F	11. MARITAL STATUS 1 Never Married 2	Marriad		T EVER IN U.S. AR		13.	WAS DEC	ENDENT	OF HISPAN	IC ORIGIN? (Specify Yes	n or No-	14. RACE — A Black, Whi	merican Indian,
BY	3 Widowed 4 Divo		IF YES, GIVE V					2 NO				Specify	7
	15, DEC	EDENT'S EDU	CATION	16e DE	CEDENTIS	USUAL O	CCUDATU	201	-			15	12CK
	(Specify ont	y highest grade	completed)	(Gi	ive kind of Do NOT u	work done	during mo	ist of worki	ng	16b. KIND OF BU	SINESS/INC	DUSTRY	
7	Committee y/Secondary (C	-12)	College (1-4 or 5	" \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2 14 4	202	10			D.,	61.	1	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)		1/6	740		160	18 MOT	HED'S NA	ME (First, Middle, Maiden			
		ITA	MES	la la	111	S.n.	1	10. MO1	7/2	Kessi, Middle, Maldan	1 i		
BE (19a. INFORMANT'S NAME (7	ype/Print)	Y En C	198	. MAILING	ADDRESS	S (Street s	nd Numbe	or Burni B	Route Number, City or Tow	Ctata 7/a	Code	
2	BRSSIE	, 5	+ EWA	nd 1:	211	N	KE	1/4	2 1/	/Aile	Roll	(COOO)	Lainer
	20a. METHOD OF DISPOSIT	ION	THE STATE OF THE S	20b. PLACE A	NDDATE	OF DISPOS	ITION /Na	me of A	1	DATE 20c, LO	CATION -	City or Town, S	edlall3
	1 Buriel 2 Cremation 4 Donation 5 Other	(Specify)	oval from State	cemetery, cree			100	n Z	SPK	12-3 1	2110	E / A	nd
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	V I Ga lej	GEYE	22.	NAME A	ID ADDRE	SS OF FA	CILITY 3	A P Z	1	EL I
	*Kanfel	200	12.11 -	1				11	11	COMIC	1	174	1-
	23 DART I Enter the di	WG YEL	DECENT.			- of	13/	B. C	LIVE	got b	7/66	20,000	21213
	23. PART i. Entar the di ahock, or he	eart fallure.	Liat only one cau	ise on aach lina.	ath. DD 1	not enter	tha mo	de of dy	ing, auci	h as cardiac or raspi	retory arr	aat,	Approximata Interval Batwean
	IMMEDIATE CAUSE (Fin disease or condition	nal		4-									Onaat and Death
	reaulting in death)	→	Jep.										12 hours
			n.	(OR AS A CONSEC	DUENCE O	F):	6						
o I	Sequentially list conditi	iona,	D	OR AS A CONSEC	UL T	0256	2717						month
CERTIFICATION	if any, laading to immed cause. Entar UNDERLY!	NG	Cha	(0	Λ	1.1							
Ē	CAUSE (Disease or Inju that initiated evants	ry	DUE TO	(OR AS A CONSEO	UENCE OF	FILE I	ure						3 YEURS
E	reaulting in death) LAS	T	Con	gestive	Hea	A F	ailu	,					is anos
	DART II Oshan danish				11-0								TOYEURS
ă I	PART II. Other aignifican	nt condition	a contributing to	death but not re	esulting	In tha un	derlying	g cause (givan in	Part I. 24e, WAS AN PERFOR			AUTOPSY FINDINGS
MEDICAL										1 YES 2	NINO	CDMF	PLETION DF CAUSE EATH?
											1		YES 2 NO
Z		2				3							
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)			
₹S	1 TYES 2 WNO		1 Sinpetient 2	ER/Outpatient 3	□ DOA			• 5 □ Re	eldence	6 Other (Specity)			
	27. MANNER OF BEATH	Pending	28a. DATE OF (Month, D.	ay., Year)		E OF URY		RK?		28d. DESCRIBE HOW II	NJURY OCC	URED	
à l	2 Accident	nvestigation	11/28	191	235	DIT.		'ES 2 [NO				
		Could not be	26a. PLACE O building,	FINJURY — At hon atc. (Specify)	ne, ferm, a	rtreet, fect	ory, office			28f. LOCATION (Street a City or Town, State)	ind Number	or Rural Route N	lumber,
<u>.</u>													
COMPLETED	(Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, des	th occurre	ed at the ti	me, date	end piece	end due	to the cause(a) and men	ner as state	id.	
S S	one) MEDI	CAL EXAMINE	R: On the basis of a	camination and/or in	rvestigatio	n, In my o	pinion, d	eath occur	ed at the i	fime, data and pleca, an	d due to the	a cause(s) and	menner sa steted.
	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUM	BER	29d. DATE	SIGNED (Monti	h Day Year)
BE	PP	eston		rolds				F9	441	,	D 11	1781	9 1
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Pnnt)			-		- 11	1001	
	J	ohns	Hopkin	no Hosp	sitel								
	31. DATE FILED (Month, Day,		32/REGISTRA	R'S SIGNATURE	2.00								
	DEC 02	1991	Juna Da	widson-Man	walk								



Pages 1, 2, 3

burial-transit

use as the

page 5 should be detached for

funeral director,

filled in by the figon, or removal.

mpletely filler, cremation,

hysician and comp prior to burial, c

been signed by the attending physician it, of Health and Mental Hygiene prior to

has be Dept.

this certificate h

After 1

2

2600 Liberty

31. DATE FILED (MOTING, Day, Your)
DEC 2 1991

30. NAME AND ADDRESS OF PETITION WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Ave #1186

AZAREGISTRAR'S SIGNATURE TURA WAY doon - Wandare

B91+1 MD.

21215

H-CIT

attending physician.

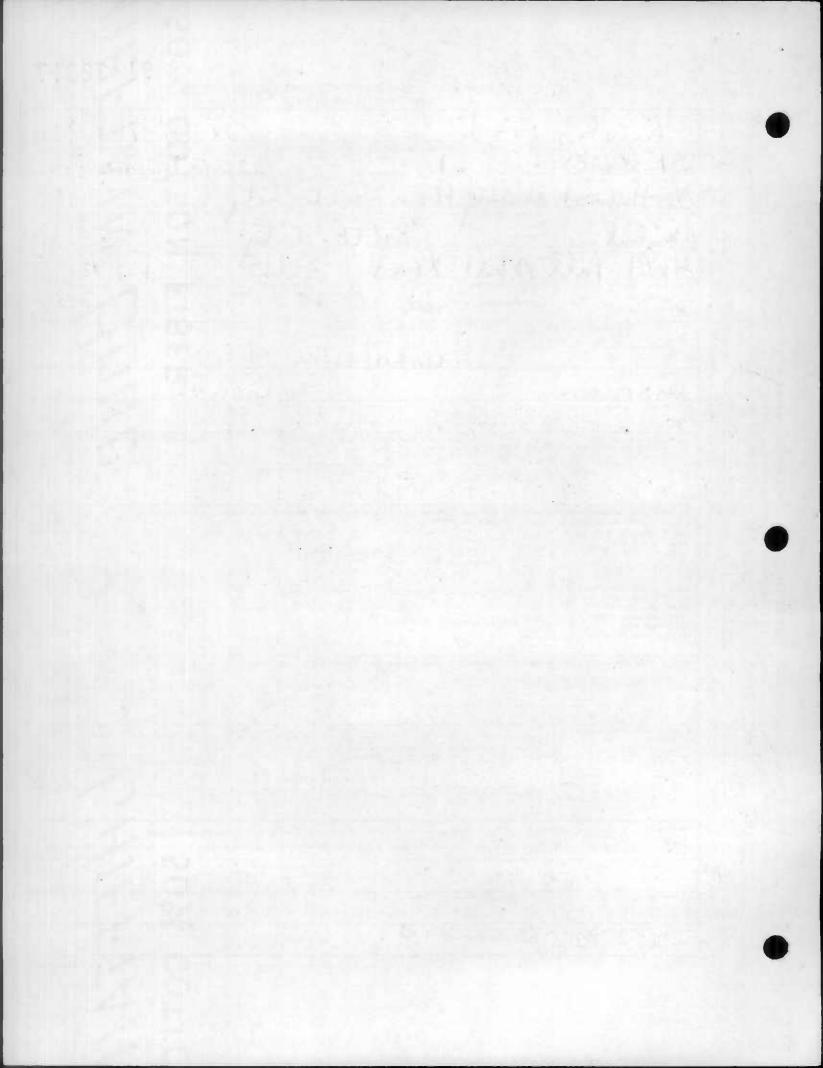
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DIVISION	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 11327-9EAR 1. DECEDENTS NAME (First, Middle, Last) FRED RUSH 3. TIME OF DEATN 12 5. SEX 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State DAYS HOURE 1 1 M 2 | F YRS 41 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY TOWN OR LOCATION 10d. INSIDE CITY TES 2 NO 100. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 0 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yee, epecify Cuban, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian Black, White, etc. 2 Merried IF YES, GIVE WAR OR DATES UNK 1 Never Merried 1 YES 2 NO Specify: Specify Blac BY 3 Widowed 4 Divorced COMPLETED 15e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT upe retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 10. MOTHER'S NAME (First, Middle, Maiden Surname) ale. BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number City on Town, State, Zip Code) 2 0 d pe 20e. METNOD OF DISPOSITION

1 Burlet 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town State must 4 Donation 5 Other (Specify) IN STATE examiner SUMMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANATOMY BOARD 11-27-91 Alle 655 W. Baltimore St, Balto., MD 21201 medical 21 FART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate Intervsi Between shock, or heert failure. List only one ceuse on each line Onset and Dseth IMMEDIATE CAUSE (Final the disesse or condition Throm boygo penia event. resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Vasengar accident CORTEVORS! traumatic CERTIFICATION Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): act infection unuary other DUE TO (OR AS A CONSEQUENCE OF): that initiated events Cardro Bulm angry resulting in death) LAST 10 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? Item HOSPITAL: OTHER:
4 Nursing Name 5 - Reeldence 6 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked. 1 Natural 5 Pending W 图 Investigation 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, TO THE HOSPITAL OR ATTENDIF
TO THE FUNERAL DIRECTOR: At
De filed within 72 hours after de
IMPORTANT: If item 28 is 8 Could not be determined 50 ED 4 Nomicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE ŞIGNED (Month, Day, Year) BE D30115 27



teres to RINGA CHLEE C LANEL " LE a as E 210-46-1416 1 46 MERINE EFF-SIONS AUDITON THE

	1. DECEDENT'S NAME (First, Middle, Le	ARLEE	CR	A35	2	2. DATE OF DEATH		YEAR 0320 AM
	4. SOCIAL SECURITY NUMBER 220-46-849		E (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country) istrict of Columbi
OR	SINAL HOSPITAL	OF BALTIMOR	26		OR LOCATION OF DI		9c. COUNT	TY OF DEATH WORE CITY
DIRECTO	10s. STATE 10b. COL		10c. CI	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		Baltimore	P	ikesvill				1 TES 2 3 300
RAI	100. STREET AND NUMBER			10	H. ZIP CODE			EN OF WHAT COUNTRY?
FUNERAL	11 Clarendon Av	12. WAS DECEDENT EVER	I IN U.S. ARMED	13. WAS DE	21208	NIC ORIGIN? (Specify Y		ted States
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 NO	If yea, a		n, Puarlo Rican, atc.)		Specify: White
TED	15. DECEDENT'S (Specify only highest g		(Give kind of	USUAL OCCUPATE		16b. KIND OF BI	USINESS/INDU	STRY
LET	Elementary/Secondary (0-12)	College (t-4 or 5 +)	iife: Do NOT u			D - 14	- 0	
COMPL	17. FATNER'S NAME (First, Middle, Last)	3 years	Schoo	1 Nurse	18 MOTNER'S NA	ME (First, Middle, Maide	o. Co.	
EC	John Harold Vin				The state of the	lyn Rober		
O BI	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To		Code)
=	Mr. Charles F.	Rader III	11 C	larendor	n Ave. P	ikesville	, MD	21208
	20a. METNOD OF DISPOSITION 1 Durial 2 Cremation 3 1		0b. PLACE AND DATE			DATE 20c. L	OCATION CI	ty or Town, Stata
	4 Donation 5 Other (Specify)		emetery, crematory or Carroll C				ampste	ad, MD
1 9	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			nd address of fa	Funeral D	irecto	rs. INc.
	23. PART I Enter the disessee,		over	8728	Liberty	Road Ran	dallst	own, MD 21133
	IMMEDIATE CAUSE (Final	110-	/					Onset and Daath
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE C	PF):				
DICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. tions contributing to death	A CONSEQUENCE C	PF):		Part I. 24a, WAS A	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE C	PF):		Part I. 24a. WAS A PERFE	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS DUE TO (OR AS d. tiona contributing to desth	A CONSEQUENCE C	PF): PF): In the underlyin	ng cause givan in	Part I. 24a, WAS A PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. tions contributing to desth	A CONSEQUENCE C	PF): PF): In the underlyin 26. P	ng cause givan in	Part I. 24a. WAS A PERFE 1 YES WILL Per	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
SICIAN: MEDICAL	resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. tions contributing to desth DUE TO (OR AS	S A CONSEQUENCE C S A CONSEQUENCE C S A CONSEQUENCE C but not resulting	F): In the underlying the second of the sec	ng cause givan in	Part I. 24a. WAS A PERFE 1 YES WILL Peck only one) 6 Other (Specify)	be lorned	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 M NO
PHYSICIAN: MEDICAL	PART II. Other significant conditions of the condition of the conditi	DUE TO (OR AS DUE TO (OR AS c. DUE TO (OR AS d. tiona contributing to desth DUE TO (OR AS d. 1	S A CONSEQUENCE C S A CONSEQUENCE C S A CONSEQUENCE C but not resulting	PF): PF): in the underlying the un	ig cause givan in PLACE OF DEATN (Ch me 5 □ Rasidenca	Part I. 24a. WAS A PERFE 1 YES WILL Per	be lorned	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 M NO
TED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions resulting in dasth) PART II. Other significant conditions resulting in dasth) LAST PART II. Other significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant condit	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. tions contributing to desth DUE TO (OR AS d. Litons contributing to desth DUE TO (OR AS d. 28a. DATE OF INJURY (Month, Day, Year) Duilding, stc. (Sc be b	S A CONSEQUENCE C S A CONSEQUENCE C S A CONSEQUENCE C Dut not rasulting utpetient 3 □ DOA Y 28b, Tin IN	PF): In the underlying 10 of	Ig cause givan in LACE OF DEATN (Ch The 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERFE 1 YES WILL Peck only one) 6 Other (Specily)	DRMED? 2 [0 be le le le le le le le	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant conditions resulting in daeth) PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth last resulting in the significant conditions resulting in the significant	DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. tions contributing to desth DUE TO (OR AS d. Litons contributing to desth DUE TO (OR AS d. 28a. DATE OF INJURY (Month, Day, Year) Duilding, stc. (Sc be b	S A CONSEQUENCE C S A CONSEQUENCE C S A CONSEQUENCE C Dut not resulting but not resulting Lutpetlent 3 DOA Y 28b. TII N RY — At home, larm, Dowladge, death occur	F): in the underlying the state of the stat	PLACE OF DEATN (Chame 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERFE 1 YES (WILL) YES (WILL) YES (WILL) 26ck only one) 28d. DESCRIBE HOW (City or Town, State 1 to the cause(a) and m	INJURY OCCL	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 M NO JRED FRUIT Route Number,
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant conditions resulting in daeth) PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth) LAST PART II. Other significant conditions resulting in daeth last resulting in the significant conditions resulting in the significant	DUE TO (OR AS DUE TO (OR AS c. DUE TO (OR AS d. tiona contributing to desth DOEN' A HOSPIAL: 1 Lampation 2 = ER/Ou 28s. DATE OF INJUR (Month, Day, Year) be d 28s. PLACE OF INJUR be be didney atc. (Sc. NYSICIAN: To the best of my known and the series of examinate the series of the series of examinate the series of the series of the series of examinate the series of the series	S A CONSEQUENCE C S A CONSEQUENCE C S A CONSEQUENCE C Dut not resulting but not resulting Lutpetlent 3 DOA Y 28b. TII N RY — At home, larm, Dowladge, death occur	F): in the underlying the state of the stat	PLACE OF DEATN (Chame 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERFO PORT IN YES WILL PROPERTO PORT (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and mutime, data and place, a	PRMED? 2 L. +0 Dello (Med) INJURY OCCU and Number of	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 M NO JRED FRUIT Route Number,

TO THE UNCOTAL DE ATTENDIATE DUVELINAL The law consistent that the dark notificate he executed within a second within a second to the second second to the second s
IN THE FIRST THE ON ALL EMBRING FIRST AN EXPENSION OF THE AMERICAN STREET OF THE STREE
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the burial-transit name to 2 a physician
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF MAR	YLAND / DEPA	RTMENT O	F HEALTH AND	MENTA	L HYGIEN	J I	32819	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest, MARJORIE REED		CERTI	FICATE (OF DEATH	2. DATE	REG. NO		year 06 25 P	
	4. SOCIAL SECURITY NUMBER 126-32-5820	1 M 2 X F	GE (In yrs. last birthday 90 YRS.	MONTHS DA		(Mont	OF BIRTH h, Day, Year) -02-19		B. BIRTHPLACE (State or Foreign Country) NEW YORK	
TOR	9. FACILITY NAME (If not Institution, give GREATER BALTIMOR RESIDENCE OF DECEDENT	ENTER	9b. CITY, TOWN OR LOCATION OF DEATH TOWSON					IMORE		
DIRECTOR	10e. STATE 10b. COUN	TIMORE		10c. CITY, TOWN OR LOCATION BROOKLANDXILLE LUTHER				ERVILLE		
BY FUNERAL	10. STREET AND NUMBER SYSTEM STREET AND NUMBER 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 U Y IF YES, GIVE WAR OF	Leufield RIN U.S. ARMED ES 2 X NO	Rd.	21093 DECENDENT OF HISP, appecify Cuben, Mexives 2 10 200 Specific	ANIC ORIGIN	1? (Specify Ye		EN OF WHAT COUNTRY? U.S.A. 4. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED B	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondery (0-12)		160. DECEDENT (Give kind o life. Do NOT	'S USUAL OCCUP I work done during use retired.)	ATION		KIND OF BU	SINESS/INDU	White	
111	17. FATHER'S NAME (First, Middle, Last) Harry Lev	vis				Mary	Middle, Melden Shanle	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Ranhana Monnill 200. METHOD OF DISPOSITION	1		Northw	ood Dr.,		imore,	MD	21212 ty or Town, State	
	1 Burlel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	noval from State	cemetary, crematory or	other place Cel	netery E AND ADDRESS OF F	11/	29	Fayet	teville, NY	
	23. PART I. Enter the disesses, of ahock, or haart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESPIRA	sed the deeth. Do a sach line. TORY ARR	not entar the	9 Hankond	Rd.	Bal:	timaro	HOME, INC. MD 21214 st, Approximate interval Betwaa Onsat and Daat	
CERTIFICATION	Sequantially list conditiona, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated avents resulting in death) LAST	DUE TO (OR AS	EM HERNIA S A CONSEQUENCE OF EM (L. PO S A CONSEQUENCE OF	OF): ONTINE)	STROKE				5D	
MEDICAL	PART II. Other significant condition	na contributing to death	but not resulting	In the underly	ying couse given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ulpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C					
ВУ РН	27. MANNER OF DEATH 1 P Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		ME OF 28c.	INJURY AT WORK? YES 2 NO	_	CRIBE HOW II	NJURY OCCU	RED	
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, lerm, pecify)	street, fectory, o	ffice	281. LOCA City (ATION (Street a or Town, State)	nd Number or	Rural Route Number,	
COMPL	29e. CERTIFIER (Check only one) 1 A CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the best of exeminar	owledge, death occur tion and/or investigati	red at the time, d	late end piece, end du	e to the cau	se(e) end men	ner ee stated.	couse(e) and menner so stated.	
TO BE	296, SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WE	rochet	wD		D36		<i>'</i>	29d. DATE S	IGNED (Month, Day, Year)	
	Robert B. S 31. DATE FILED (Month, Day, Year)	hochet	MD	6701	North	Cho	r/es	Str	eet Battime	
	DEC 0 2 1991	grine Davidson	Market							



REG. NO.

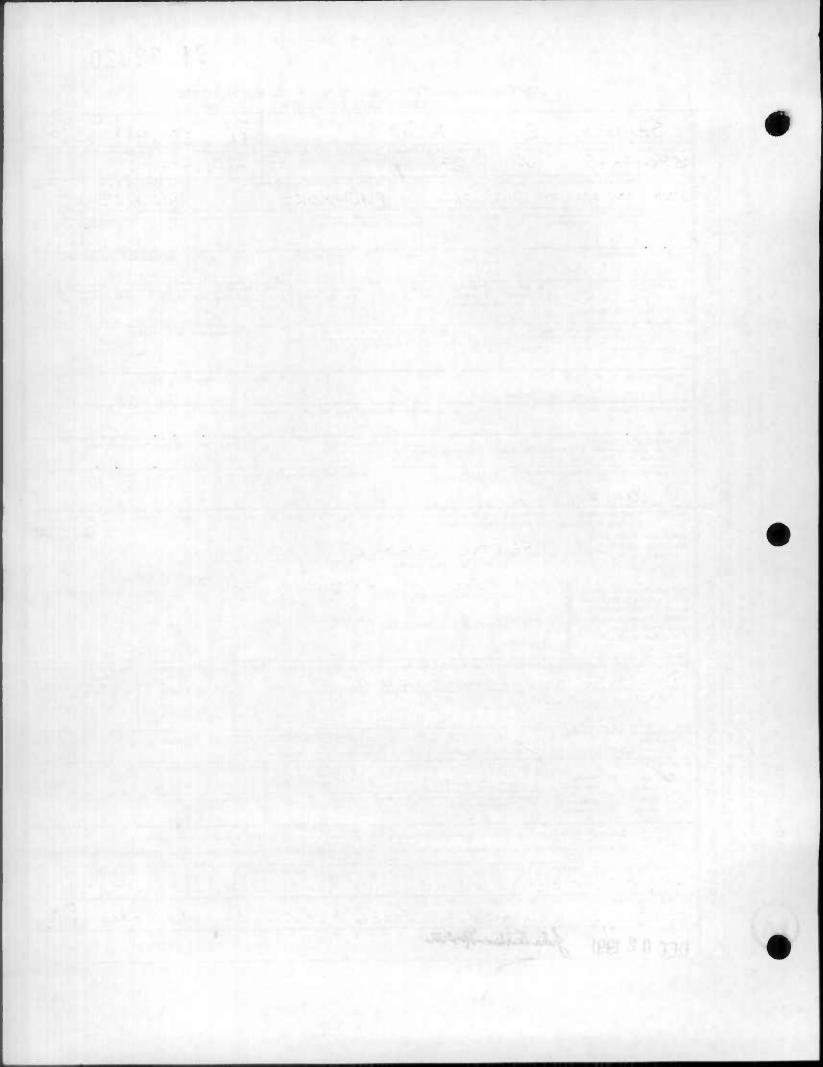
STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH REDD SAMUEL B 05:30 AM 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 158099575 1 N 2 F HOURS DAYS (Month, Day, Year) use as the bunial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL OF BALTIKOKE FUNERAL DIRECTOR BALTIMORE RALTHORE CITY RESIDENCE OF DECEDENT tob. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M.D. BALTIMORE 1 XYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1190 NORTHERN PARKWAY 21210 or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 VINO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)
t YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2X Married ΒY 3 Widowed 4 Divorced BLACK COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe 10 Elamentary/Secondary (0-12) College (1-4 or 5 +) the hospital PASTOR CLERGY 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 6 director, page 5 should be Ħ SAMUET. REDD MARIA GREEN Page 6 may be retained notitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 M 1190 NORTHERN PKWY REDD BALTO. M.D. be 20b. PLACE AND DATE OF DISPOSITION (Name of must DRUID RIDGE CEMETERY 12/2 BALTO. examiner 22. NAME AND ADDRESS OF FACILITY after death. Clingreed REDD FUNERAL SERVICE 1721N MONROE ST the 1 n by the removal. medical 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ahock, or haart fallure. List only one cause on each line Interval Batwaen IMMEDIATE CAUSE (Final the Onsat and Daeth cremation, disease or condition resulting in death) a. SEPTIC SHOCK
DUE TO (OR AS A CONSEQUENCE OF): event. nding physician and con Hygiene prior to burial, SEPTICAELIH OF UNKNOWN traumatic CRIGIN CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DIARRITOEA UNKNOWN ORIGIN COMPLETION OF CAUSE 1 YES 2 NO Shows OF DEATH? PENNI has been s Dept. of H 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL r this certificate his with the State C 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO petiant 2 - ER/Outpetiant 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending DIRECTOR: After the hours after death v BY 1 YES 2 NO 2 Accidant Investigation 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 60 3 Sulcida 8 Could not be datarmined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide item 29a. CERTIFIER

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 표를 1.EDILAL KND H BYODIE MG CAB SINAI LESIZENT 2 2 3 LESIDENT 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MA BRODIE 60626 EREEN MEADOW PIKEY BALTIMORE 21215 Suli Daydon Revolute

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	/
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the prinal-transit narmit plane 1.9.3 each and	1
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.			
	1. DECEOENT'S NAME (First, Middle, Last) MARY, H. ROY,						2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH DAY YEAR			
œ	010 -07	SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day.	Yeer)	8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street Harboy Hos Pucul		96	- 01	R LOCATION OF D	DEATH 9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	Center		Bau	mon,	MD	135	allinal.		
E E	Maryland Balti	more		OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	liore	Lans	downe	ZIP CODE		100 CITIZI	1 YES 2 NO		
FUNERAL	3332 Kessler Court 21227 USA									
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECE If yee, spe 1 YES	cify Cuben, Mexico	SPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American India exicen, Puerto Rican, etc.) 14. RACE — American India Bleck, White, atc.				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade company)	oleted)	16e. DECEDENT'S USU	done during more	N t of working	16b, KIND	OF BUSINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	Sales Cle	iirea.)			Retail			
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,				
BE C	Albert Harrer				Clara		,			
TO B	190. INFORMANT'S NAME (Type/Print)						or Town, State, Zip C			
	John L. Roy, Jr.					ansdown	e, Maryl	and 21227		
	20e. METHOO OF DISPOSITION 1 Burlel 2 X Cremetion 3 Removal 4 Donetion 5 Other (Specify)		PLACE AND DATE OF DI etery, cremetory or other BLT-Wash				Laurel,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		20	22. NAME ANI	ADDRESS OF FA	CILITY		7 202.00		
	1	1	- 32	Ambrose 1328 Si	Funera	al Home,	Inc.	utus, Md. 21227		
NO	23. DART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such ee cerdiac or reepiretory erreet, intervel Between Oneet and Death Non-Small Cell Carcinoma of Units. Due to (or as a consequence of): Sequentieily liet conditions,									
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.									
EDICAL (PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part II. 24e. WAS AN AUTOPSY PART III. 24e. WAS AN AUTO									
PHYSICIAN: MEDI	1 YES 2 NO COMPLETION OF CAL DF DEATH? 1 YES 2 NO									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YSI	YES 2 NO	Inpatiant 2 ER/Outpu	flant 3 DOA 4	8 Other (Speci	Other (Specify)					
ву Рн	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY building, atc. (Speci		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated. MEDICAL EXAMINER: On the beet of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner as stated.									
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER ROUPE K RECH, M.D. 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ 11 - 29 - 91.			
	Kouph K. Keen,	MD, Hark	TH (ITEM 27) (Type, Print	ortal	Centi	T, B	altim	or, MD.		
	DEC W2 1991	AZ. ABOISTRAR'S SIGNA								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within actions after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 . STATE

	REGISTRAR		CERTIFIC	CATE OF DI	EATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH								3. TIME OF DEATH		
	GERALD K	ers			MONTH DAY YEAR			1055 AM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. 4 GE	(In yrs. last birthday)		INDER 24 HRS.	7. DATE OF B	IRTH	6. BIRT	HPLACE (State or Foreign		
	214 48 1074	1 M 2 🗆 F	44 YRS.	MONTHS DAYE HO	IRS MIN.	(Month, Day	3-47	Coun	PEVLAND		
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN OR LO	CATION OF D			OUNTY OF			
OR	DEATON HOSPITAL	+ MEDICA	C. E. OTTO	RAIT	no c	0					
FUNERAL DIRECTOR	DEATON HOSPITAL + MEDICAL CENTER BALTIMORE CITY ======										
RE	10s. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATION					10d. INSIDE CITY		
0	Maryland ====	====	Balt	timore					LIMITS?		
AL	10e. STREET AND NUMBER			101. ZIP	CODE		10g.	CITIZEN OF	WHAT COUNTRY?		
ER	4407 E. Falls E	Bridge Drive		2	1211			J.S.A			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	13. WAS DECENDE	NT OF HISPA	NIC ORIGIN? (Sn	ecify Yes or No.	- I 14 PAC	CE — American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify	Cuben, Maxic	an, Pusrto Rican,	, atc.)	Bind	ck, Whits, stc.		
ВУ	3 Widowed 4 Divorced			1 1E3 2 X	NO Spec	iry:		Spec	White		
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16s. DECEDENT'S U	SUAL OCCUPATION		16b. KINI	OF BUSINESS	INDUSTRY	MILOC		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo	ork done during most of v retired.)	vorking						
4	12th Grade		Painter			Re	sident	ial Pa	ainting		
0	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S N	AME (First, Middle			armorng		
		John William	Rodgers			cy Mae		-			
BE	19s. INFORMANT'S NAME (Type/Print)	THE TEXT OF THE PERSON OF THE		ADDRESS (Street and Nu							
2	Timothy Rodgers			Leatherlea							
	20a. METHOD OF DISPOSITION	1.00						_	Maryland 21122		
	1 N Buriet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	Oval from State Ce	b. PLACE AND DATE OF metery, crematory or othe	er place)		DATE	20c. LOCATION				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	oudon Par			11-29	Baltin	nore,	Maryland		
	D. And		-	GEOLGE			eral Ho	ome P	Δ		
	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21										
	23. PART i. Enter the disease, or	complicatione that ceuse	d the deeth. Do not	t enter the mode of	dving, suc	th se cerdiec	or reentratory	arrest I'Il	Approximete		
	23. PART i. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such ee cerdiec or respiratory errest, shock, or heart failure. List only one ceuse on each line.										
	IMMEDIATE CAUSE (Finel disease or condition								Onset end Death		
	reculting in deeth)	a. / Cun a	CANCEN A CONSEQUENCE OF):						7 mon Ths		
_			, -						~20		
0	Sequentially list conditions,										
Ā	ceuse. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in deeth) LAST										
5	d										
A I	PART ii. Other eignificent conditione contributing to death but not reculting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY 24b. W										
EDICAL	Drain hetastases 1 PERFORMED?								AVAILABLE PRIDR TO COMPLETION OF CAUSE		
						_ ' '	TES Z NO		OF DEATH?		
-	1 [
A	25. WAS CASE REFERRED TO MEDICAL 28 PLACE OF DEATH (Check and cont.)										
	EXAMINER?	HOSPITAL: OTHER:									
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF INJURY		Nursing Home 5							
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (26d. DESCRIBE HOW INJURY OCCURED						
À I	2 Accident Investigation	Accident Investigation									
	3 Suicide 8 Could not be 4 Homicide determined	by Could not be building at Consider									
ı,	a nomicles detarmined										
ᆲ	29s. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occurred	at the time, data and p	aca, and dua	to the csuse(s)	and manner as a	rtsted.			
COMPLE	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER	SIGNATURE AND TITLE OF CERTIFIED									
H H	Tin	25				758 11/		IGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time De	rint)	201	110		11/1	6/9/		
		0	, 21, 19po, FI	/							
	31. DATE FILER (Menta DA 10/1 10/04	32 AEGISTRANS SIGN	ATURA								
	31. DATE FILED (# 0 2 1991	32 REGISTRANS SIGN	on-Mandell								
		1.1.4	-								

										0 2 0	23	
	1 - FOR STATE REGISTRAR	STATE OF MARY			TMENT OF I		MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3.	TIME OF DEATH	
	James Dorsey	Richardson	n Sr				MONTH	- 25		PASY	18:24 M	
	4. SOCIAL SECURITY HUMBER		GE (in yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		B. BIRTHPL	ACE (State or Foreign	
	220-16-9325	1 💥 M 2 🗆 F	94	YRS.	MONTHS DAYS	HOURS MIN.	10	Day, Year) -25-1	897	Country)		
	9e. FACILITY HAME (If not institution, give str			OR LOCATION OF DE	EATH			Y OF DEAT				
DIRECTOR	Peninsula Ge	neral Hos	spita	1	Salis	bury			Wi	comi	co	
IRE	100. STATE 10b. COUNTY	ester	y-1		Y, TOWN OR LOCA TIN	ГІОН		10d. IHSIDE CITY LIMITS?				
	100. STREET AHD NUMBER	CStCI		Del		1. ZIP CODE		10g. CITIZEH OF WHAT COUNTRY?				
FUNERAL	105 Broad Street	t			10		USA					
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARI	MED		ENDENT OF HISPAH			or No-	4. RACE -	American Indian,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYPE IF YES, GIVE WAR OF		0		ecify Cuben, Mexice 2 DNO Specify		ican, etc.)		Specify:	White	
0	15. DECEDENT'S EDUC		16a. DEG	CEDENT'S	USUAL OCCUPATI	ON	16b.	KIHD OF BU	SIHESS/INDU	STRY	WIIICE	
COMPLETED	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	(Gir	ve kind of Do NOT u	work done during m se retired.)	ost of working						
ME			Car	pent	er			arpen				
ш	17. FATHER'S HAME (First, Middle, Last) James Dale Richa	ardson				18. MOTHER'S HA						
TO B	19e. IHFORMANT'S HAME (Type/Print)					and Number or Rural I	Route Numb	er, City or Tow	n, State, Zip (Code)		
	Dorsey Richards					e., Berl						
	20s. METHOD OF DISPOSITIOH 1 Deurlei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITION (Name of cemetapy, crematory or other place) Trinity Garden of Memory 11/29/91 Newark, Md.											
	21. SIGNATURE OF FUNESHIL SERVICE LIC	EHSEE			22. NAME A	ND ADDRESS OF FA	CILITY					
	» N/4 /	?			Burk	page Fun	eral	Home	, 108	Willia	ams St.	
	11 Jak P	whate				in, Md.						
	23. PART I. Entay he diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, Approximate Interval Between											
	ehock, or heert fellure. Liet only the ceuse on each line. Interval Between Onset and Death											
	disease or condition											
	a. Arteriosclerotic Cardiovascular Diseaes years DUE TO (OR AS A CONSEQUENCE OF):											
7												
CERTIFICATION	Sequantielly liet conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
AT	ceuse. Enter UNDERLYING	ceuse. Enter UNDERLYING										
F	CAUSE (Disease or Injury that initieted events	DUE TO (OR A	S A COHSEC	DUENCE O	F):						+	
E	recuiting in deeth) LAST											
Ä	d.											
	PART il. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AH AUTOPSY 24b. WERE AUTOPSY FINDINGS											
S									RMED?	MILABLE PRIOR TO OMPLETION OF CAUSE		
								1 TYES 2 HO			F DEATH?	
Σ	-		-				_			1	YES 2 NO	
ä												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? HOSPITAL: OTHER											
S	TARMITER HOSPITAL: 1 NO Inpatient 2 NO Seldence 8 Other (Specify)											
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 280. DESCRIBE HOW IHJURY OCCURED INJURY											
×	1 △ Hetural 5 Pending M 1 ∨ES 2 → HO											
	3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rurel Route Number,								te Number,			
COMPLETED	4 Homicide determined building, etc. (Specify)											
E	29e. CERTIFIER (Cherk only 1 CERTIFYIHG PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner es stated.											
MP												
8												
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2 12-11				29c. LICEHSE HUI					fonth, Day, Yeer)	
	John 5 35 w	elsely	D	epu	ty M.E	DO3599	9		1	1-25	91	
5	30, NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type	e, Print)							

Bulkeley,

T.

John

7, M.D., 108 Pine Bluff Road, Salisbury, MD 21801 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - REGISTRAR CERTIFICATE OF DEATH	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH								
- 0	Carl Stevenson	HTHOM HTHOM	9.20AM								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign								
	018-42-368 1 AM 2 IF LIST YRS. MONTHS DAYS HOURS MIN.	(Month, Bay York) 442	Country)								
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF	DEATH 9c. COUN	TY OF DEATH								
OR	Liberty Markal Center Rait	more									
DIRECTOR	HESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY TOWN OF COUNTY	11/0/4									
IRE	10e. COUNTY 10e. CITY, TOWN OR LOCATION	1	10d. INSIDE CITY LIMITS?								
	10e. STREET AND NUMBER	Himore	1 YES 2 NO								
RA	101. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?								
FUNERAL	11. MARITAL STATUS 12. WAS DECEMENT EVER IN IL S. ADMED 12. WAS DECEMENT OF HIGH	X18	U.D.H.								
	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexic	ANIC ORIGIN? (Specify Yea or No-	14. RACE — American Indien, Black, White, atc.								
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Spec		Specify R/2 01								
ED	15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION	18b. KIND OF BUSINESS/INDU	DIACK								
ET	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOK use retired.) [Give kind of work done during most of working life. Do NOK use retired.)	A BUSINESS/INDO	- /								
P	Beautician	(nsman	folgou								
COMPLET	17. FATHER'S NAME (First Middle, Last) 18. MOTHER'S N	AME (First, Middle, Maiden Syrname)	01099								
BE (Joseph L. Stevenson Dag	other Ha	100								
0 8	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ryra	I Route Number, City or Town, State, Zip (Code)								
F	Mariene Stevenson 126 Bartlette	Ave Roth	mD. 2128								
	206. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelary, crematory or other state)	DATE 20c. LOGATION -C	Ilty or Town, State								
	4 Donation 5 Other (Specify)	51 12/2 ((LUIT	105 19/1/5								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY	7								
	Inin / nesoll 1762 M. N	The 1212									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su	ch as as disconstruction									
	shock, of heart failure. List only one cause on each line.	on ac ceruled or respiratory arre	Intervel Between								
	IMMEDIATE CAUSE (Finel disease or condition Onest end De										
	resulting in deeth) a. the Parto reval Dy Notorone Due to (OR AS A CONSEQUENCE OF):										
2	Renal Falling										
2	Sequentially list conditione, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
8	CAUSE (Disease or Injury C. Castroin testind BIEE)	DING									
E	that initiated evente DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
0	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in										
DICAL	and the underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO								
		1 TYES 2 NO	COMPLETION OF CAUSE DF DEATH?								
ME			1 TYES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER? HOSPITAL: 25. PLACE OF DEATH (Check only one)										
¥ I	1 YES 2 NO Propertient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT										
	1 Natural 5 Pending (Month, Day, Year) 1 266. HIJURY WORK7										
BY	2 Accident Investigation M 1 YES 2 NO										
ED	3 Suicide 8 Could not be determined 288. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
<u>-</u>	29e. CERTIFIER										
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a)											
									BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU	MBER 29d. DATE
0	Ilrace & dalmo D37	1203 11	12 +16-								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	000									
	Maco dalmo delerty medical cetter	Beltman mo									
	31. DATE FILED (Month, Day, 1997) 1991 32. REGISTRAP'S SIGNATUR)										

	FOR	OTATE OF a		4						328	325
	1 - STATE REGISTRAR	STATE UF N	MARYLAND C	/ DEPAR	RTMENT OF	HEALTH AND	MENT	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last,)			TOAT C	DEATH		E OF DEATH			3. TIME OF DEATH
	Joseph	Georg	qe S	Siegfo	orth		No			YEAR 91	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER 1 YEAR		7. DAT	E OF BIFTH oth, Day, Year)	Ĭ		PLACE (State or Foreign
	215-12-1103 90. FACILITY NAME (If not institution, give	1 M 2 F	72	YRS.	9b. CITY, TOWN OR LOCATION OF DEATH			pr. 10 1919 Maryland			
DIRECTOR	1 B Breezy Tr					Timonium			Baltimore		
REC	10a. STATE 10b. COUNT			10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
The second second	Maryland Bal	Itimore			Timoni						1 YES 2 NO
FUNERAL	1 B Breezy Ti	ree Court				21093				SA	HAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. A	RMED	13. WAS D	ECENDENT OF HISPA	ANIC ORIG	IN2 /Speakly Var			- American Indian,
ВУ	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	ND	If yee,	specify Cuban, Maxic S 2X NO Spec	ean, Puarto	Rican, atc.)	or no=	Black,	White White
TEC	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	(0	Give kind of v	USUAL OCCUPA	TIDN nost of working	18	b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5 +) //	e. Do NOT ut	se retired.)	Specialist		Potni	l Eco	٦	
MO	17. FATHER'S NAME (First, Middle, Last)		Adii	IIIIISt	rative .	18. MOTHER'S N		Retai		a	
BE C	Charles Siegfort	h						Zentgra	,		
TO B	19e. INFORMANT'S NAME (Type/Print)		15			and Number or Rural	Route Nun			Code)	
	Stephen C. Sie	gforth				er Ave.		to., M			
	1 Burlel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	comptony or	nonatour or a	ther elect	POSITION (Name of DATE 20c. LOCATION — City or Town, State					
	4 Donetton 5 □ Other (Specify) 1. SIGNATURE OF THE STREET OF THE STREE										
	Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd., Timonium, Md. 210										
CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. AM 40 DUE TO (OR AS A CONSE	OUENCE OF	CATEI PI:	2AL S			ratory erre	eet,	Approximete interval Between Onset and Deeth 12 MOS:
CER	Tosuling in dealin) Exst	d									
PHYSICIAN: MEDICAL	PART II. Other significent condition	ne contributing to d	death but not	reculting i	in the underlyl	ng cause given in	Pert I.	24a. WAS AN PERFOR 1 TYES 2	MED?	C	VERE AUTOPSY FINDINGS WAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. 1	PLACE OF DEATH (C/	heck only o	ne)			
YSIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 Nursing Ho	me 5 Raaldenca	6 🗆 Othi	ir (Specify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE DF II (Month, Day		28b. TIMI		JURY AT ORK?	28d. DE	SCRIBE HOW IN	JURY OCCI	JRED	
BY	2 Accident Investigation	28- 81 405 05	In a space			YES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)	ome, farm, s	treet, factory, off	ce	28f. LOC City	ATION (Street a or Town, State)	nd Number o	or Rural Rou	ite Number,
COMPLET	(Check only one) 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ER: On the best of axe	ny knowledge, de emination and/or	eath occurre	d at the time, dat n, in my opinion,	a and place, and due	time, dete	use(e) and men	ner as state	d. cause(e) a	and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	- 0/	ID			29c. LICENSE NU	MBER	1			Aonth, Day, Year)
TO B	WW.	Man I v	~'/			11429	9		> /	2-2-	81
	A. Allan Gernut					Culta	10	1 1 .			24600
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S NGNATURE	05 10	SIK KO.	, Suite	19,	Luther	ville,	Md.	. 21093
	DEC 2	1991	Julia Dan	ridson-i	gandell.						

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF MAI		FICATE	OF DE	H AND	MENTA	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)		III STEELS					E OF DEATH			3. TIME OF DEA	TH
Ronald		Stokes				MON'	rh D		YEAR	10:27	ъΜ
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birtnday			DER 24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or F	
122 \$ 56 \$ 6655	1 X M 2 - F	2.4 YRS.	MONTHS	DAYS HOUR	S MIN.		th, Day, Year) -6-67		Countr	y)	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, 1	TOWN OR LOC	ATION OF E		-0-0/	9c. COU	NTY OF D	W York	
Johns Hopkins	Hospital		Ra	ltimo	* 0						
Johns Hopkins					re						
Maryland 10b. COUNT	Υ		ITY, TOWN OR				V			10d. INSIDE CIT	Y
		ba.	L C I MO.	re						YES 2	NO
3 Solar Circ				10f. ZIP CI	ODE			10g. CIT	ZEN OF W	HAT COUNTRY?	
	re								USA		
11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED	13. W	S DECENDEN	T OF HISPA	NIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Ind	lan,
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		yea, specify Cu			Ricen, etc.)		Specia	White, etc.	
										Black	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'	f work done du	CUPATION ring most of wo	rking	160	b. KIND OF BUS	SINESS/INE	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	me. DO NOT	use recired.)								
	. 5 – 1 5	Mail C	Terk				Mai				
17. FATHER'S NAME (First, Middle, Last) Ronald Stokes							Middle, Maiden	Surname)			
							rton				
19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street and Num	ber or Rural	Route Num	ber, City or Town	n, State, Zip	Code)		
Marsha Stokes	3	164	W. 1	l74th	St.	Bro	onx, N	J.Y.	104	153	
20a METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Rem		20b. PLACE AND DATE	E OF DISPOSIT			DAT		CATION -		-	
4 Donetlon 5 Other (Specify)	OVAIL ITOM STATE	Forest	Greer	Manu	orio	1 1 1 7	0 1 16		, .		
21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	10100	22. NA	AME AND ADDI	RESS OF FA	ACILITY				le, N	.J.
Mr. Ma	1 11	0	Do	ouglas	ss F	uner	al Se	rvi	ce		
23. PART I. Enter the diseases, or	No	igas	17	701 Mc	Cu1	loh	St.				
Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST	NULTO FOR	AS A CONSEQUENCE OF	INSHE	st w	oun	22					
	d										
PART ii. Othar aignificant condition	s contributing to dae	th but not reaulting	in the unda	riying cause	given in	Part I.	24e. WAS AN		24b.	WERE AUTOPSY F	
							PERFOR			AVAILABLE PRIOR COMPLETION OF (
							1 YES 2	□ NO		OF DEATH?	
										1 YES 2	NO
25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF	DEATH /Ch	anck and a	201				
EXAMINER?	HOSPITAL:	Outpetlant 2 [] DOS	OTHER:								
27. MANNER OF DEATH	28a. DATE OF INJU			g Homa 5 🗆	Realdenca	_					
1 Natural 5 Pending	(Month, Day, Ye	ar) iN	JURY	WORK?	OF 20		CRIBE HOW IN				
2 Accident investigation	10-29-9			1 YES 2	(Х) ио		BJECT				
3 Suicide 8 Could not be determined	building, etc. (URY — At home, farm, Specify) STRE	atraet, fectory	, office		28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Bo	oute Number,	
						E. F	AGER	ŠŤ.	BAL	TIMORE	, MD
29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my k	nowledge, death occur	red at the time	, date end ple	ca, and dua	to the ceu	se(a) and man	ner aa stete	od.		
One) 2 MEDICAL EXAMINE	R: On the bear of axemin	ation and/or investigati	on, in my opin	nion, death occ	ured at the	time, data	and piece, and	due to the	cause(s)	end manner as a	teled.
POLOGNATURE AND TUBE OF BUTTING		1			CENSE NUI				-		
Mun T. Uld	A	1		-				290. DATE		Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WH	COMPLICATION CALLES	DEATH STEW OF CO.	o Origina	0.	C.M	. E .			28	1991	
MARK + CALL	F m	1.10									
31. DATE FILED (Month, Day, Year)	VK.	WI/111 P	enn S	treet	. В	alti	more	Mary	lan	d 2120	1
	32. REGISTRAR'S S	IGNATURE		1							
DEG 2	1991 guil	www.dson-A	indelle								
	W COLON	Marie and Marie Marie	the same of the sa								Bay 1/80

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/69

1	-	ST	AT		R	1
	1. D	ECE	DEI	VT.	S	ı
и		T	7.0	1	٦	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Lest) William Frankl:											
The second beautiful to the Cellish of a	in Street	er						of DEATH DA /29/91	Y	YEAR	12:50A
SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH		6. BIRTH	PLACE (State or Foreign
214-26-1677A	1 M 2 D F	62	YRS.	MONTHS	BYAG	HOURS MIN	Jun	e 23,	1929	Mary	land
FACILITY NAME (If not institution, give st	reet end number)	- 02		9b. CITY.	TOWN	OR LOCATION OF				NTY OF D	
	Same com-				seda				-3111-140	ltim	
6211 Commons Road	4			RUS	eud	TG			Dd.	LCTIK)T.E
. STATE 10b. COUNTY			10c. CITY	r, TOWN O	R LOCAT	ION				T	10d. INSIDE CITY
Maryland Balt	timore		Ros	sedal	.e						LIMITS? 1 YES 2 NO
. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?
5211 Commons Road	٦					21237			TT.	S.A.	
MARITAL STATUS	12. WAS DECEDENT			13. V		ENDENT OF HIS	PANIC ORIGII	17 (Specify Yes			- American Indian.
Never Merried 2 🛣 Merried Widowed 4 🗌 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2	мо	11	f yes, sp	ecity Cuban, Mer 2 NO Spi	ican, Puerlo			Speci	White
15. DECEDENT'S EDUC (Specify only highest grade		16e. D	ECEDENT'S	USUAL OC	CUPATIO	ON	161	. KIND OF BUS	SINESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	116	a. Do NOT us	e retired.)	unng mo	st of working					
12			Itra	tion	Pla	nt	B	alto.	City	Wat	er Dept.
FATHER'S NAME (First, Middle, Last)						18. MOTHER'S					
Wilton Streeter						Ruth	Rosen	a Shau	ck		
INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRESS	(Street	and Number or Ru				Code)	
Gloria L. Stree	tox					Road F				1237	
GLOTIA L. STree	rer										wa State
Buriel 2 Cremetion 3 Rem	oval from State	of cemetar	y, crematory	or other pl	lace)	(Name 12/(,				
SIGNATURE OF FUNERAL SERVICE LIC		Garde	ens o			Cemeter		Bal			
MATTER SERVICE LICE	Deffe	1									Home, Inc. . 21206
equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury	b. DUE TO (OR AS A CONSI	EOUENCE O	F):							
at initiated events aulting in death) LAST	d	OH AS A CONSI	EOUENCE O	r):							
	a contributing to	leath but not	reaulting	In the un	derlyln	g cause given	In Part I.	24s. WAS AN		24b	. WERE AUTOPSY FINDIN
ART II. Other algolficant condition								100000			AVAILABLE PRIOR TO
ART II. Other algnificant condition	1							1 TYES 2	! □ NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
ART II. Other algorificant condition								1 TYES 2	P NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH	(Check only o		P NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/Output	2 🗆 🗈	OTHER	₹:	-		ne)	P NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER?	1 - Inpatient 2 -			4 🗆 Nun	R: sing Hor	ne 5 🗆 Residen	ce 6 🗆 Oth	ne) er (Specify)		CHIPED	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH		NJURY	28b. TIM	4 Nun	R: sing Hor 28c. IN	ne 5 Residen	ce 6 🗆 Oth	ne)		CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	1 Inpatient 2 Inpatient 2 See. DATE OF (Month, De 26e. PLACE OF	NJURY	28b. TIM	4 Nun	R: sing Hon 28c. IN. WI	ne 5 Residen JURY AT DRK? YES 2 NO	28d. DE	ne) er (Specify)	INJURY OC		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 6. CERTIFIER 1 FORTIEVING PHYS	1 Inpatient 2 28e. DATE OF (Month, De 26e. PLACE Of building, c	NJURY y, Year) INJURY — AI to tec. (Specify)	28b. TIM IN.	4 Num	R: sing Hor 28c. IN. Wi 1	ne 5 Residen JURY AT ORK? YES 2 NO	28d. DE	ne) BY (Specify) SCRIBE HOW CATION (Street or Town, State)	and Numbe	or Aural	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined b. CERTIFIER Check only	28e. PLACE OF building.	NJURY — Al I INJURY — Al I Into (Specify)	28b. TIM IN.	4 Num IE OF JURY M atreet, fact	R: sing Hor 28c. IN. Wi 1 — tory, officiency, officiency,	Ne 5 Residen	28d. DE 26f. LO C/t)	er (Specify) \$CRIBE HOW CATION (Street or Town, State, pusse(e) and me	and Numbe	or or Rural i	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28e. DATE OF (Month, Date of the basis of th	NJURY — Al I INJURY — Al I Into (Specify)	28b. TIM IN.	4 Num IE OF JURY M atreet, fact	R: sing Hor 28c. IN. Wi 1 — tory, officiency, officiency,	DURY AT DRK? YES 2 NO	28d. DE 28d. DE 26f. LO City due to the ce	er (Specify) \$CRIBE HOW CATION (Street or Town, State, pusse(e) and me	and Number	or or Rural of the course (AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 6 CERTIFIER (Check only one) 2 MEDICAL EXAMINE b. SIGNATURE AND TITLE OF CERTIFIE	28e. DATE OF (Month, Date of the basis of th	NJURY — Al I INJURY — Al I Into (Specify)	28b. TIM IN.	4 Num IE OF JURY M atreet, fact	R: sing Hor 28c. IN. Wi 1 — tory, officiency, officiency,	Ne 5 Residen	28d. DE 28d. DE 26f. LO City due to the ce	er (Specify) \$CRIBE HOW CATION (Street or Town, State, pusse(e) and me	and Number	or or Rural of the course (AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28e. DATE OF (Month, De 26e. PLACE Of building, de 26e. PLACE OF de 26e. PL	NJURY y, Year) FINJURY — All h str. (Specify) my knowledge, a mination end/o	28b. TiM fN.	4 Num IE OF JURY M atreet, fact	R: sing Hor 28c. IN. Wi 1 tory, offic tory, offic plinton,	DURY AT DRK? YES 2 NO	26f. LO City 26f. LO City due to the co	er (Specify) SCRIBE HOW CATION (Street or Town, State, puse(e) end me e end piece, ei	and Number	or or Rural of the course (AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,

urs after death, Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR .45 AM COLLEE 12 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 59 1 M 2 F MARYLAND 9c. COUNTY OF DEATH 9e, FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ALTIMORE St. AC les Hospital 10c CITY TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE 10h COUNTY MARYLANT BALTIMORE 1 YES 2 NO Arbutus 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 1019 DowntonRd 227 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexicon, Puerto Ricen, etc.) 14. RACE — American Indian, Black, While, etc. 1 Never Merried 2 Merried specify white 1 TYES 2 NO Specify: BY 3 Widowed 4 Olvorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KINO OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) Clerk 10th grade retail calos 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Su Henry Keifer Katherine Kabler BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 1019 Downton Road Arbutus, Maryland 21227 Gerard E. Sauter 20e. METHOD OF DISPOSITION

1 X Buriel 2 Cremetion 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Crownsville, Maryland Maryland Veterans Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 22. NAME AND AODRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ambrose Funeral Home, Inc. PART /. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. shock, or heert fellure. List only one cause on each line Interval Between Onset and Death MIMEDIATE CAUSE (Final disesse or condition 4-5de resulting in death) 155cmrne Intr CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Sepsis DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO AL OR ATTENDING PHYSICIAN: The law rei AL DIRECTOR: After this certificate has been 2 hours after death with the State Dept. of If item 28 is marked, or item 23 sh PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Input lent 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sutcide ETED 6 Could not be determined 4 Homicide 28 29e. CERTIFIER

Chack and CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE MICW Resident A 52438528-789

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) Y 1_150F

Ntol, 900

32. REGISTRAP SEIGHAVER Randell

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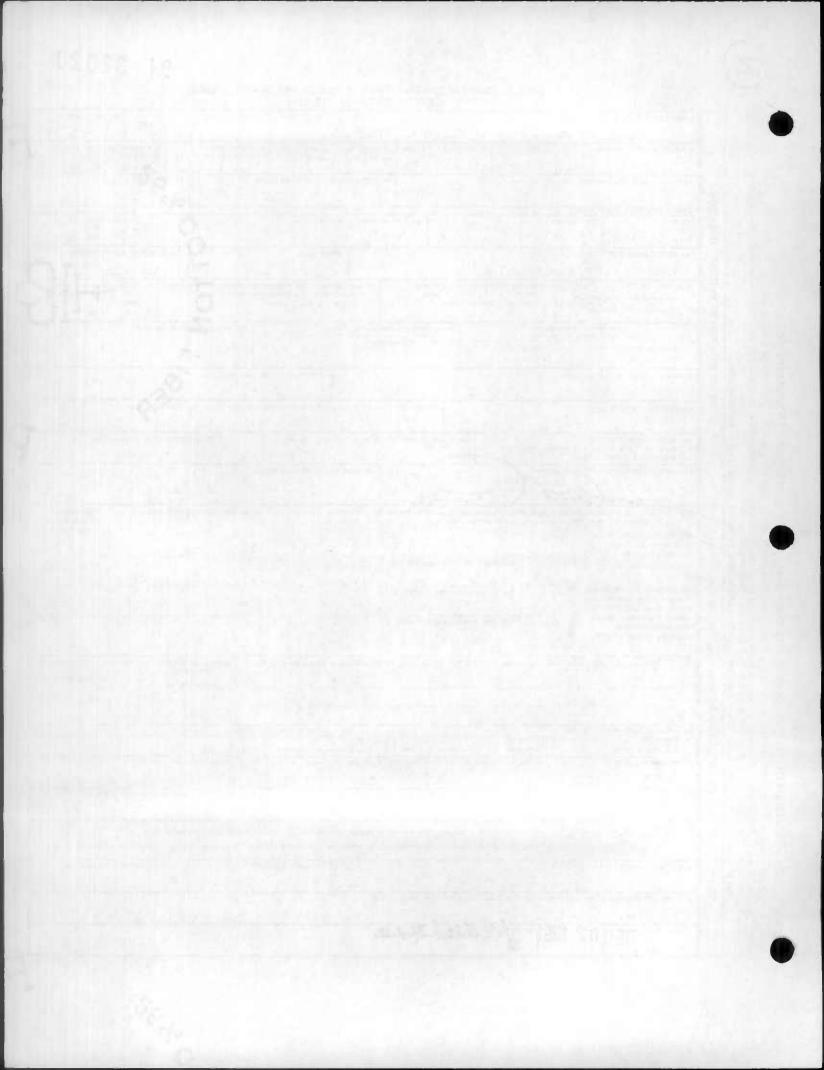
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31. DATE FILED MONE TO 02

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	iten	
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	FOR STATE REGISTRAR	ATE OF MARYLAND / D CEF	EPARTMENT O		IENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) ELMER 4. SOCIAL SECURITY NUMBER 5. SE	SMITH 8. AGE (in yrs. last b)				29 9	/ /: A M			
		M 2 🗆 F 67	YRS. MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) FEB 25.	0	INTHPLACE (State or Foreign lountry) OF DEATH			
DIRECTOR	2813 HOLLINSFER	RY RD	BAL	TIMORE						
	MD 10b. COUNTY		BALTI	MORE		1	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2813 HOLLINS F			2/23		u	SA			
BY	1 Name Married 2 Manufact FO	AS DECEDENT EVER IN U.S. ARME DRCES? 1 TYES 2 NO YES, GIVE WAR OR OATES	If ye	s, specify Cuben, Mexicen YES 2 NO Specify:	, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementery/Secondery (0-12) Colle	(Give life, Do	COENT'S USUAL OCCU kind of work done during to NOT use retired.) NECHA	ng most of working	18b. KIND OF BU	SINESS/MDUST				
BE COM	17. FATHER'S NAME (First, Middle, Last)	MITH		18. MOTHER'S NAM CORAL	AE (First, Middle, Maiden	Surneme) ANNI	GAN.			
TO B	190. INFORMANT'S NAME (Type/Print) NETTIE SMITH	196. 1		reet and Number or Rural R			MD 21230			
	20e. METHOO OF DISPOSITION 1 Buriel 2 Cremetion 3 Immoved in 4 Donetion 5 Other (Specify)	uns filtrate office place	ODD	of cemetery, crematory or CEMETER	24 GK	CEENA	100D DE			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	chause	FL FL	ME AND ADDRESS OF FACE B 502 G	E FUNER	CAL HO	ME			
	23. PART I. Enter the diseases, or complished, or heert fellure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		th. Do not enter the	mode of dying, euch	ee cerdlec or reep	iratory errest				
ATION	Sequentially list conditione, If eny, leeding to immediate ceuse. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEOU	ENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions con Chronic Ob Puroxyomal	tributing to deeth but not rea structive Supraven	Lung	Diseas	PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN		SPITAL:	OTHER:	26. PLACE OF DEATH (Che	11 - 3 - 30					
	27. MANNER OF OEATH 1 Natural 5 Pending	Inpetient 2 ER/Outpetient 3 E 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28	c. INJURY AT WORK?	S Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED			
TED BY	a Procedure	28e. PLACE OF INJURY — At home building, etc. (Specify)	e, ferm, street, factory	281. LOCATION (Street end Number or Rural Route Number, City or Yown, State)						
COMPLET	TOTION OTHY	To the best of my knowledge, desti the basis of examination end/or im					euse(e) end menner ee stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND AGORESS OF PERSON WHO COM-	O. (AHend:	Physici	29c. LICENSE NUM	2 U 3	29d. OATE SI	GNED (Month, Day, Year)			

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Monity, Day, Year)

DEC 0 2 1991

22. RECESTRAN'S SICHAPURE

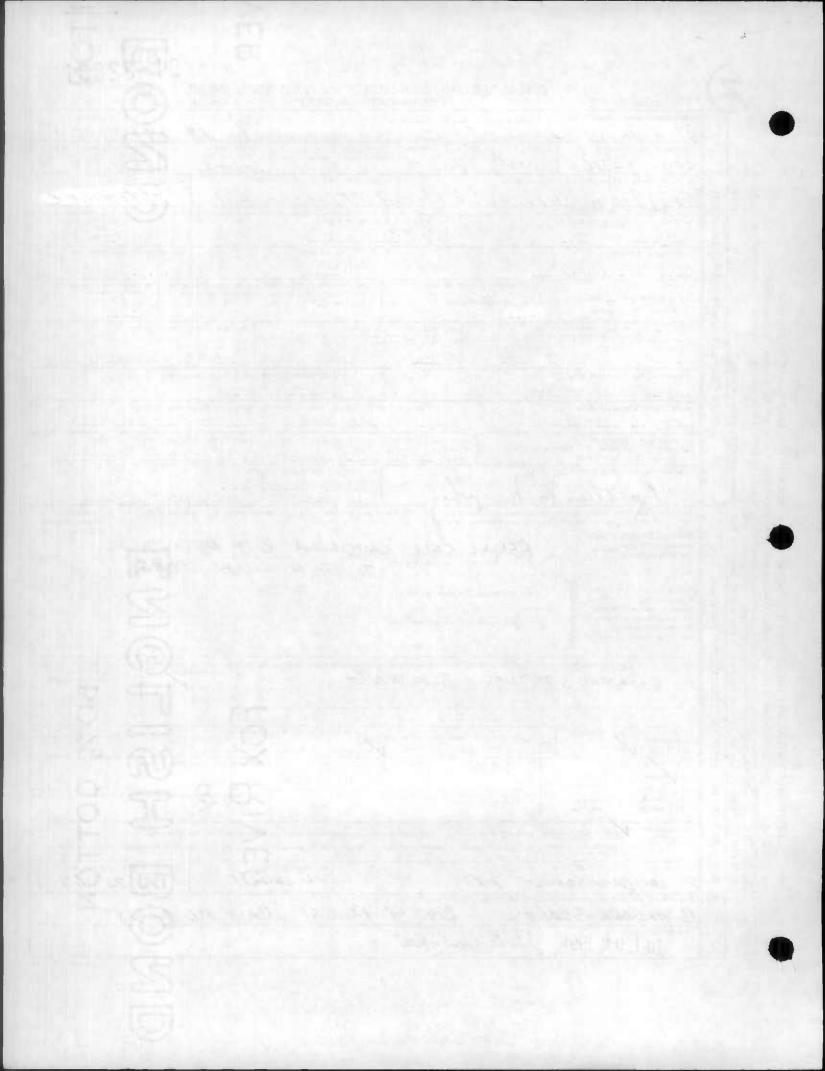


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	1. DECEDENT'S NAME (FIRST, I	Middle, Last)		isher	p	CATE			2. DATE OF MONTH	REG. NO.	111	YEAR	3. TIM
-	4. SOCIAL SECURITY NUMBER	ER		AGE (In yrs. la		IF UNDER 1 YE	TAB FIRST	R 24 HRS.	7 0175	The second secon	11	91	
	232-66-8896		1 M 2 57 F				AYS HOURS	MIN,	7. DATE OF (Month, L	Day, Year)		8. BIRTH Countr	ny)
	9e. FACILITY NAME (If not inst			86		9b. CITY, TO	WN OR LOCAT		Mar.	26, 1	905 Sc. COUN	Wes	
CTOR	Calvert Car	Hosp	nital Road										
5 F	HESIDENCE OF DECI	10b. COUNT		ie			ice Fr	eder1	CK		Cal	vert	Co
DIRE						, TOWN OR L							10d. IN
	MD 100. STREET AND NUMBER	Ca_	lvert		I Pr:	ince I	reder:						1 🗌 Y
0" 1	85 Hospital	Road	4				206				10g. CITIZ		THAI CC
	11. MARITAL STATUS		12. WAS DECEDENT EV			13. WAS	DECENDENT	OF HISPANI	IC ORIGIN? (Specify Yee	U.S.	. A 14. RACE	E — Ame
	Never Merried 2 Nover November 1		FORCES? 1		NO	If ye	s, specify Cub YES 2 NO	en, Mexicen	, Puerto Rici	en, etc.)		Speci	k, White
ED E		DENT'S EDU	ICATION!										ite
ETE	(Specify only I	highest grade	e completed)	(G	ECEDENT'S U live kind of wo b. Do NOT use	JSUAL OCCUI ork done durin	PATION g most of worki	ing	16b. K	IND OF BUSI	NESS/INDU	JSTRY	
PL	Elementery/Secondary (0-1	12)	College (1-4 or 5+)							77			
COMPL	17. FATHER'S NAME (First, Mid	Idle, Last)			Homema	iker	18. MOT	HER'S NAM		Home die, Maiden St	(umama)		
BE C	R. C. Marti	n							Hause		arriarria)		
TO B	90. INFORMANT'S NAME (Typ			19	b. MAILING /	ADDRESS (Str	eet and Numbe				Stete, Zip (Code)	N.
	Robert Swis		(Son)				377. 9						
1	10e. METHOD OF DISPOSITIO	N 3 □ Rem	noval from State	20b. PLACE	AND DATE OF	DISPOSITION			DATE		ATION — C	ity or To	wn, Ste
4	Donetton 3 TOTHES	Specify)				Memor	ial Pa			Fa1	ls Ch	nurc	h.
111	in management of Litherafor	DEHIVIOR LA	COMME \ JIII			22. NAM	E AND ADDRE	SS OF FACI	ILITY				
	170	den.	m, viu	17/16	-				14400	ste Lui	1 NOOR	1.10	ve
	· Ming	20	atrem	かと	1	110:	unphy west	Falls	A St.	Fallel	2/11/16	01.1.	
2	23. PART I. Enter the disa	easea, pr	complications that car	used the de	eath. Do no	110:	unphy west	Falls	A St.	Fallel	2/11/16	01.1.	11
1 1	MMEDIATE CAUSE (Final	ert lanure.	List only one cause p	on each line).	110 sot enter the	west mode of dy	Falls	A St.	Fallel	2/11/16	01.1.	1a .
il d	arrock, Orange	ert lanure.	List only one cause p	on each line).	110 sot enter the	west mode of dy	Falls	A St.	Fallel	2/11/16	01.1.	1a .
d n	MMEDIATE CAUSE (Final	ert lanure.	List only one cause p	on each line).	110 sot enter the	west mode of dy	Falls	A St.	Fallel	2/11/16	01.1.	1a .
d n	MMEDIATE CAUSE (Final disease or condition death)	na,	a. Uros DUE TO (OR	used the dependence of the dep	S (DUENCE OF)	110: ot enter the	west mode of dy	Falls	A St.	Fallel	2/11/16	01.1.	1a .
d n	MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list condition from the fam, leading to immediates. Enter UNDERLYING	na, ate	a. Uros DUE TO (OR	AS A CONSECUENCY	S (DUENCE OF)	110: ot enter the	west mode of dy	Falls	A St.	Fallel	2/11/16	01.1.	1a .
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BALLIMONE, MANTLAND ZIZIS-0020	in 2 mours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 88789,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	TENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Ruth E. St	rawbridge			2. DATE OF DEATH	w was	3. TIME OF DEATH				
	Strawhridg +	e. KUT	4 /-			11 21	Y YEAR	3155 PM				
	4. SOCIAL SECURITY NUMBER	The state of the s		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign ntry)				
	220-07-7106	1 M 2 DF	70 YRS.	MING DATE	HOUNS WIN.	1-1-21	Ba	1to-				
~	9e. FACILITY NAME (If not institution, give str	1	1 -	_ //	R LOCATION OF DEA	1001	9c. COUNTY OF	DEATH '				
DIRECTOR	MPYI (12 M // I	11517196	enter	Ball	more	s Md	v					
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY				
PH	Maryland N/A		Bal	timore	City			LIMITS? 1 X YES 2 NO				
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	5819 Westwood Ave	nue		2	21206		U.S.A.					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPANI	IC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ack, White, etc.				
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:		Sp	eite				
	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S US	UAL OCCUPATION)N	16b. KIND OF BUS	I VVI	ite				
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)		k done during mo-								
PL		2 Years	Nurse			Meridia	an - Ham	ilton				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Maiden	Surname)					
BE (Thomas Boone McGa	han			Bertha	Hauth						
TO E	19e. INFORMANT'S NAME (Type/Print)	7				loute Number, City or Tow		3 03 00 6				
-	Harry R. Strawbri	age	2819 Me	stwood	Avenue,	Baltimore	***					
	20e. METHOD OF DISPOSITION ↑ Burlel 2 □ Cremetion 3 □ Remo	oval from State of	p. PLACE AND DATE Of cemetary, crematory or	other place)	(Name	11/30 Ba	CATION — City or	Town, State				
	4 Donetion 5 Other (Specify)		argens or		Cemetery D ADDRESS OF FAC		Ltimore,	Maryland				
	11	John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206										
	Machillen	M. Marja	bez.					ryland 21206				
	23. PART I. Enter the diseases, or cannot be seen and cannot be seen a	List only one cause on e	ach line.					Approximate interval Between Onset and Death				
z	disease or condition a. RENAL CELL CARCINONA WITH METASTASES DUE TO (OR AS A CONSEQUENCE OF): TO BRAIN, LUNGS, BONES b.											
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
2	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
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RTIF	CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):									
L CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d		the underlying	Cause olven in	Part I. 24a, WAS AN	AUTOPSY 2	14b. WERE AUTOPSY FINDINGS				
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Jean M. Susa 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) JF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 05-15-1927 217-22-1579 1 M 2 F DAYS HOURS 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Franklin Square Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION

3. TIME OF OFATN G YEAR 12:40a 8. BIRTNPLACE (State or Foreign Pennsylvania 9c. COUNTY OF DEATN Baltimore County 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4424 Forest View Avenue 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yaa or No—If yae, specify Cuben, Mexicon, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, While, atc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 18e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) (Specify only highe 18b. KIND OF BUSINESS/INDUSTRY ON ost of working Elementary/Secondery (0-12) College (1-4 or 5+) 12th Grade Home Maker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Donald Schneider Doris Meckes 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Anthony Susa 4424 Forest View Avenue, Baltimore, Maryland 21206 20e. METNOD OF DISPOSITION

1XD Burial 2 Cremation 3 Removal from State
4 Donetion S Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Gardens of Faith Cemetery 12/2 Baltimore, Maryland

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. Jacklein 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that caused the feath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each fine. Approximata Intarval Batween IMMEDIATE CAUSE (Final disease or condition **Onset and Death**

lang cance resulting in daath) DUE TO (OR AS A CONSEQUENCE OF):

Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	G	DUE TO (OR AS A CONSEQUENCE OF):		
that initiated events resulting in death) LAST	d	OUE TO (DR AS A CONSEQUENCE DF):		
PART II. Other significant condi	tions con	ntributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUS

1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: X | 1 | Inpetiant 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Noma 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? Natural 28d, DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO _ Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 8 Could not be detarmined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER	
(Check only	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end menner ea stated.
one)	2 MEDICAL EXAMINER: On the basis of exempositors and/or investigation in the exemple in the

	17	investigation, in my opinion	, dantii occured at the time, date	end place,	and due to the cause(a)	and menner ee stated.
	11	 				
GNATURE AND TITLE OF CERTIFIER	1	1				

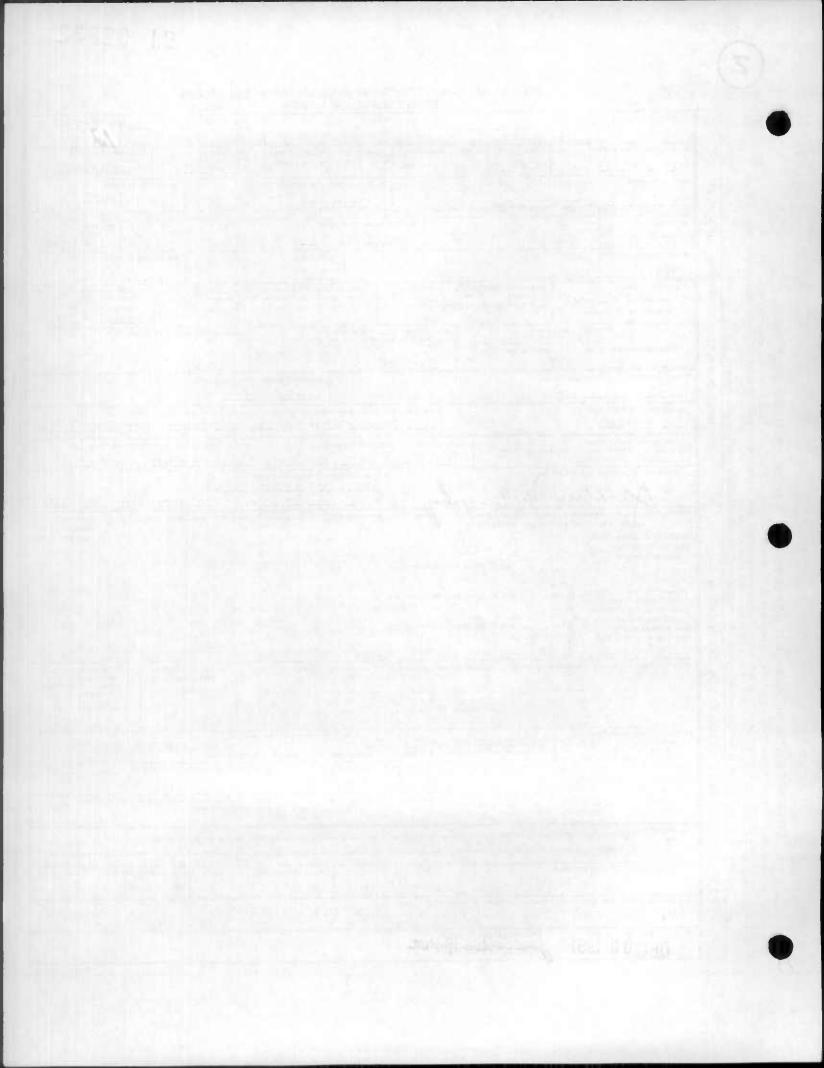
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Dr. Dan Morhain, MD 9000 Franklin Square Drive, Baltimroe, MD

DEC 02 1991

732, REGISTRAR'S SIGNATURE

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 his IMPORTANT: It is

DF DEATN?



	1 - STATE REGISTRAR	SIAIL OF I	C	ERTIF	ICATE	OF	DEAT	ANU	MENIAL		t			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	- 01	DEAL	-	2. DATE C	REG. NO			3. TIME OF DE	ATH
	Henry			Th	iess				MONTH 1 1	0.		YEAR	4:57	A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER		IF UNDER	24 HRS.	7. DATE O	E BIRTH		8. BIRTHP	LACE (State or	Foreign
	215-56-1273	1 M 2 F	43	YRS.	MONTHS	DAYS	HOURS	MIN.	9/	23/4	3	Country)	Md.	
	9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DI				TY OF DE	ATH	
OR	36 S. Fulton Av	enue			Bal	tim	ore	Cit	У					
2	10a. STATE 10b. COUNTY			100 CIT	Y, TOWN O									
SIR	Md.							4. **					10d. INSIDE CI	
7	10e. STREET AND NUMBER			ра	ltin		ZIP CODE	-			1 40 - CITI	2511 05 111	YES 2	
FUNERAL DIRECTOR	36 S. Fulton St	•				100		122	3		100	S.A.	AT COUNTRY	
N	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AF	RMED	13. \	WAS DEC			NIC ORIGIN?	(Specify Ver			- American In	dlan
BY F	1 Never Married 2 Married	FORCES? 1	YES 2 1	NO	1	f yes, spe	2 NO	n, Mexice	m, Puarto Ri	can, etc.)		Black.	White, atc.	
	3 Widowed 4 Divorced	No						- aprom	,			Specify	Cauc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16	ECEDENT'S Give kind of	work done o	CCUPATIO	N st of workin	g	16b. I	(IND OF BUS	SINESS/IND			
7	Elamentery/Secondery (0-12)	College (1-4 or 5 +	,	. Do NOT us										
ME	Unk. 17. FATHER'S NAME (First, Middle, Last)	Unk.		Pape	rnar	iger				Self.		loye	d	
	Edward Thiess								ME (First, Mic		Surname)			
BE	190. INFORMANT'S NAME (Type/Print)		10	- 44AH MAO	1000500	(0)			Dent					
2	Frederick Thies	2 0											212	2.2
	20e. METHOD OF DISPOSITION		20h PLACE	ANDDATE	OF DISPOSI	TION (Ma)	ma of	κu	DATE		CATION — C		. 212	22
	1 Burial 2 Cremetion 3 Ramo	val from Stata	Oak	matory or o	ther place)	ote	12.17		12/		ltimo			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Joak	7 / /			D ADDRES	S OF FA			8 E	Ral+	imore	C+
	(Demash	The	w.M.	N	В.	Da	brows	ski	& Son				d. 212	
	23. PART I. Entar the diseases, or co	omplications that	causad the de	ialo. Do r										
	shock, or haart failure. L IMMEDIATE CAUSE (Finsi	ist only one caus	sa on each line	1.	-				/	o or respi	atory arra	201,	Approxir Interval	Batween
	diaesse or condition resulting in death) a cuttury Umunity of Back Complication!													
N	Sequentially that annulations to	Mui	11/	M	Muc	-/	Mes	10	line	_	(
CERTIFICATION	Sequantially list conditions, if any, laading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	F):									
15	CAUSE (Diseasa or Injury	OUE TO	00.40.40.40.4											
	that initiated events resulting in death) LAST	DUE 10 (OR AS A CONSEC	DUENCE OF	-):									
CE													-	
	PART II. Other significant conditions	contributing to	death but not r	esulting i	n the und	derlying	cause g	lven in	Part i. 2	4a. WAS AN			ERE AUTOPSY	
DICAL										PERFOR		C	MAILABLE PRIOR COMPLETION OF	
ME									1				F DEATH? YES 2	NO
ä												1		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ock only ona)					
PHYSICIAN: ME		1 🗆 Inpatient 2 🗆		□ DOA	4 Nursi	: Ing Home	5 (XRes	idenca	8 Other (Specify)				
H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I	y, Year)	28b. TIMI	URY	28c. INJU WOF			28d. DESCI	IBE HOW IN	JURY OCC	URED	7/	//
B	2 Accident Investigation	11-28		2,130.		1 🗌 Y	ES 2 5	NO	fel		Ju	10.	rour	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At ho		treet, facto	ry, office			281. LOCAT City or	ION (Street a Town, State)	nd Number o	or Rural Rou	te Number,	16
<u> </u>	29e. CERTIFIER		HOME						3651	Fulle	20/10	e	me	
COMPLET	(Check only	IAN: To the best of n	my knowledge, de	ath occurre	d at the tin	ne, date a	and place,	end due	to the cause	(s) and men	ner ae stete	d.		
<u></u> 8	2 X MEDICAL EXAMINER	: On the beale of axi	amination end/or i	investigation	n, In my op	inion, da	ath occure	d at the	time, data ar	nd piece, end	due to the	ceuse(s) e	nd menner ee	steted.
BE	290. SIGNATURE AND THILE OF CERTIFIER	1.0					29c. LICER	NSE NUM	IBER		29d. DATE	SIGNED (A	fonth, Day, Yeer,)
2	The X tall	, mil					O.C.	м. н	Ξ.		11	28	1991	
	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (ITER											
	21 DATE ELLED MONTH DELLED	111	11	1 Pe	nn S	Stre	eet,	Ва	ltim	ore	Mary	land	2120	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR												
	DEC 2	11991	grotie New	dan	Adnotes	الما								
			Sinding the same .	- capable day	A server		1						ОНМН-	16 Ray 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlakrill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlak, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

199

9c. COUNTY OF DEATH

S.C.

10g, CITIZEN OF WHAT COUNTRY?

U.S.

14. RACE — American Indian, Black, White, etc.

specify Black

3. TIME OF DEATH

10d. INSIDE CITY

1 X YES 2 NO

21221

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

DF DEATN? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Intervel Between

Onaet end Death

8. BIRTNPLACE (State or Foreign

12:40am w

2. DATE OF DEATN

BALTIMORE, MARYLAND 21215-0	requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attending	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the control of Health and Mental Hygiene prior to burial, cremation, or removal.
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MORE	Раде 6 тау	director, pag
BALT	after death.	y the funeral noval.
	Nonus	filled in b
RECORDS, P.O. BOX 68760,	executed within	een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal.
O. BOX	ertificate be	ng physician giene prior t
3DS, P.(t the death cu	by the attending
ECO	equires tha	en signed

bunial-transit permit. Pages 1, 2, 3 should

FOR

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
Roger Williams November 29, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 213-12-3301 1 M 2 F 69 YRS. /19/ 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Maryaldn General Hospital FUNERAL DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 2518 Brookfield Ave. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TOO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-1 Never Merried 2 Merried ff yee, specify Cuben, Mexicen, Puerto Ricen, etc.) BY 1 YES 2 TONO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) the medical examiner must be notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) George Williams BE Lola Mack 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruby Harrison 4320 Groveland Ave. Balto. Md. 21215 20e. METNOD OF DISPOSITION

1 M Burlel 2 Cremetton 3 Removal from State
4 Denetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 12/3/91 Balto. Md. Arbutus Mem. Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wainwright Funeral Home 2700 Edmondson Ave. Balto. Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Metastatic carcinoma of the lung resulting in death) injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24e. WAS AN AUTOPSY shows any 1 TYES 2 NO E HOSPITAL OR ATTENDING PHYSICIAN: The law requires FUNERAL DIRECTOR: After this certificate has been signed within 72 hours after death with the State Dept. of Healt MTANT: If item 28 is marked, or item 23 shows after the contraction of them 28 shows and the contraction of the PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL . OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 X Natural 5 Pending M 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide determined 29e. CERTIFIER
1 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as ateled.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, dash occured at the time, date end piece, end due to the ceuse(e) end menner as steled.

c/o Maryland General Hospital

29c. LICENSE NUMBER

n/a



DIVISION OF VITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

BE

0

29b. SIGNATURE AND TITLE OF GERTIFIER

tauros

2 1991

Nicholas Hamush.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE DF DEATN (ITEM 27) (Type, Print)

M.D.

whia Davidson-Randell

SEELS . D. . COLORS . TWO DOWNSTRONG . T. C. ipe of the LOVE SEATON IN THE INTERNATION IN ALL REAL PORT OF THE PART OF T

31. OATE FILED (Month, Day, Year)

32 REGISTRAR'S SIGNATURE

Guna Davidson Randera

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BERNI	, Middle, Last)			W	EST			2. DAT MON		8	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB 2-14-23		5. SEX	8. AGE (In yrs. les	of birthday) YRS.	IF UNDER 1 YEAR		ER 24 HRS.	(Mor	E OF BIRTH nth, Day, Year)		8. BIRTI Count	HPLACE (State or Foreigny) N.C.
9a. FACILITY NAME (If not in:	stitution, give s				9b. CfTY, TOV	/N OR LOCA	TION OF DE		11 2,	9c. COU	INTY OF D	
2729 EAS	ST CHA	ASE STRE	EET		BALTIMORE CITY							
10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
MD				B	ALTIMO	DRE C	CITY				-41	LIMITS?
10e. STREET AND NUMBER						101. ZIP CO	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
2729 Eas	st Cha	ase Stre	eet			212	213				Ţ	J.S.A.
11. MARITAL STATUS 1 Never Merried 2 WMrried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES			YES 2		If yes		en. Mexice	m, Puerto	ilN? (Specify Yes o Ricen, etc.)	or No-	14. RACI Blac Spec	E — American Indien, k, White, etc.
	EDENT'S EDU	CATION	1 44. 05	CEDENTIO	USUAL OCCUP	25.2	,					Diack
(Specify only Elementary/Secondary (0	y highest grade	Completed)	(G	ive kind of a	work done during	most of wor	king	16	66. KINO OF BUS	SINESS/IN	OUSTRY	
12th Grad		Conlege (1-4 or 5 +	· .	id					South	Da1	+ ime	ore Gen.
17. FATHER'S NAME (First, Mi						18. MO	THER'S NA		, Middle, Maiden		CILIC	ore dell.
вов		CA	ARMAN				LU	UCY		ROU	NDT	REE
19a. INFORMANT'S NAME (7)	Type/Print)		19	b. MAILING	AOORESS (Stre	et and Numb	er or Rurai i	Route Nur	mber, City or Tow	n, State, Zi	p Code)	
Eugene	We	est	2	2729	E. Cl	nase	Stre	eet,	/Balti	mor	e, N	nd. 2121
20e. METHOD OF DISPOSITI	ION	ount form State	20b. PLACE	ANDDATE	OF OISPOSITION	(Name of		DA	TE 20c. LO	CATION -	City or To	own, Stata
4 Donation 5 Other	(Specify)	OVER FORM STEEL	Ba.	Ltim	ore Ce	emete	ery		Ва	alti	more	e, Md.
- W	nett	ちん	In	a	WM.	C. MA	ARCH	F.1	н. 110)1 E	. NO	ORTH AVE
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ehock, or he IMMEDIATE CAUSE (Fin	eart failure. nel	s. CAAD	I A C	OUENCE O	not enter the	mode of d	lylng, suc	h se ce	erdlec or respi			Approximete Intervel Bet Onset and I
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MAEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the condition of t	lone, diete ING ITY COMEDICAL Pending Investigation Could not be determined TIFYING PHYSI ICAL EXAMINE	List only one ceu s. CAAD OUE TO b. CAAD OUE TO C. OUE TO d. OUE TO d. OUE TO D. OUE TO L. OUE TO OUE TO D. OUE TO OUE TO D. OUE TO D. OUE TO OUE TO OUE TO D. OUE TO OUE TO OUE TO OUE TO D. OUE TO OUE	t plused the dese on each line I A C (OR AS A CONSECT OF	OUENCE OF COUNTY OF THE PROPERTY OF THE PROPER	ont enter the	PLACE OF INJURY AT WORK? YES 2 date and pleton, death occ	given in OEATH (Ch	Pert 1. Pert 1. Seck only of the continue, day	24a. WAS AN PERFOR 1 YES 2 One) CATION (Street by or Town, State)	AUTOPSY IMEO? NJURY OC and Number es stelled due to t	24b	Approximet Intervel Bet Onset and E Onset

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNESAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the	be lifed writin 12 hours after usarin with the state begin, of regain and wents hygiene prior to burst, certation, or remova; imPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
R ATTENDING	RECTOR: Afte	m 28 is m
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HOSPI	FUNER	TANT
TO THE	TO THE	IMPOR

	FOR 1 STATE	STATE OF M	ARYLAND / D	DEPARTMENT	r of h	EALTH AND	MENTA	AL HYGIEN	-	3	2836
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last, Arthur		CEF	RTIFICATE	ite	DEATH		REG. NO		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-34-6656		6. AGE (In yrs. last b			IF UNDER 24 HRS. HOURS MIN.	7. DATI	E OF BIRTH th, Day, Year) 8-38			7:05 AM
TOR	9a. FACILITY NAME (If not institution, give 1517 BUTNWOOD RESIDENCE OF DECEMENT	street and number)		9b, CITY		R LOCATION OF D		0-30	9c. COUN		
DIRECTOR	10e, STATE 10b, COUNT	TY		BALT		RE CITY					10d. INSIDE CITY LIMITS? 1 X XYES 2 NO
FUNERAL	100. STREET AND NUMBER 1517 BURNWO	OOD ROAD			101.	ZIP CODE 21239				J.S.	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 15 IF YES, GIVE WA	EVER IN U.S. ARME			ENDENT OF HISPA city Cuban, Maxic 2XXVO Specia	an, Puarlo		or No—	14. RACE Black Specif	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12) G . E . D .	UCATION le completed) College (1-4 or 5+)	(Give	DENT'S USUAL OF kind of work done to NOT usa retired.)	CCUPATIO	N I of working		LONGS			Danon
BE COM	JAMES H. WHITE SR. CATHERINE STANLEY										
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3901 COLBOURNE ROAD/BALTIMORE, MD. 21229										
	20a. METHOD OF DISPOSITION 1X] Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of the property) 21. SIGNATURE OF FUNERAL PRVICE LICENSEE 22. NAME AND ADDRESS OF EACH TY.										
	WM.C.MARCH F.H. 1101 E. NORTH AVE.										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic carcinoma of lungs DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	Sequentially list conditions, if any, lasding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other significant condition	ns contributing to d	eath but not rast	ulting in the un	deriying	cause given in	Part I.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only o				
РНҮ	1X YES 2 NO 27. MANNER OF DEATH XX Natural 5 Pending	1 Inpatiant 2 I	JURY 2	8b. TIME OF INJURY	28c. INJU WOF	IK?		SCRIBE HOW I	NJURY OCCU	IRED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, at	INJURY — At home, c. (Specify)	M farm, street, facto		ES 2 NO	281. LOC City	CATION (Street a or Town, State)	and Number o	r Aural Ro	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS										and manner as stated.
TO BE CO	SHE SIGNATURE AND TITLE OF COUTING	1	M			29c. LICENSE NUI	MBER			SIGNED	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Type, Print)						/	

Mario F. Golle, Jr., M.D. - Assistant

31. DATE FILED (Month, Day, Year)

DEC 0 2 1991

Julia Davidson - Academic

Dec 1991

DHMH-16 Rev 1/89

Baltimore, MD

111 Penn Street

DHMH-18 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		ST	R TATE	-	AR
Г	1. 1	DECE	DEN	T'S	NAME

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR		CERT	FICATE C	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	J	3. TIME OF DEATH			
	Ella	Mae	Shuff	Waldro	n		DAY 100	YEAR			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthde			7. DATE OF BIRTH		1 9:30 A M 8. BIRTHPLACE (State or Foreign			
	212-30-2338	1 🗆 M 2 💢 F	81 YRS	MONTHS DAY		(Month, Day, Year)		Country)			
	9e. FACILITY NAME (If not institution, give	street and number)	01	9b. CITY TOY	N OR LOCATION OF DI	Sept. 7		Maryland TY OF DEATH			
H	GREATER BALT		CTR	Tows		CAIR					
18	RESIDENCE OF DECEDENT	O. MED.	CTIC.	TOWSC	<u> </u>		Bal	timore			
DIRECTOR	10e. STATE 10b. COUNT	Y	10c.	CITY, TOWN OR LO	CATION			10d, INSIDE CITY			
ā	Maryland Bal	ltimore		Timon	ium			LIMITS? 1 YES 2 NO			
AL	10e. STREET AND NUMBER			- 1111011	101. ZIP CODE		10a. CITIZ	EN OF WHAT COUNTRY?			
E	1823 Savo Cour	t			21093			ISA			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Vee or No. 14. RACE -										
	1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	If yes	specify Cuben, Mexice 'ES 2 XNO Specify	n, Puerto Ricen, etc.)		14. RACE — American Indian, Black, White, etc.			
ВУ	3 Wildowed 4 Divorced				CO I (NIO Special)	,		Specify: White			
E	15. DECEDENT'S EDI (Specify only highest grad	JCATION completed)	18a. DECEDEN	r'S USUAL OCCUP.	ATION	18b. KIND OF BU	JSINESS/INDU	STRY			
Щ	Elamentary/Secondary (0-12)	College (1-4 or 5+		use retired.)	most or working						
M	12		Beauty	Techn	cian	Hairdr	essina	/Cosmotology			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1-23-792			18. MOTHER'S NA	M5 (First, Middle, Maider		7 COUNCION Y			
BE		Siva, Lesli	e Shuff		Jes	sie Loman					
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Stre	et end Number or Rural I	Route Number, City or Tox	vn, State, Zip C	Code) 20772			
-	Rev.Dr. Fred E.		1040	1 Grand	haven Av	e., Upper	Marh	20772			
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ren	novel from State	20b. PLACE AND DAT	FOE DISPOSITION	(Name of			ty or Town, State			
	4 Donation 5 Other (Specify)	TOTAL TION STATE	Metro C	rematory	,	Ca	tonsvi	lle, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE MAKE	- (1)	22. NAME	AND ADDRESS OF FA	CILITY		ne, ma.			
	Martin	D. Laws	TA	Ler	nmon-Mitch	hell-Wiede	feld				
100	23. PART I. Enter the diseases, or			110 V	. Padonia	Rd., Tir	moniur	n, Md. 21093			
CERTIFICATION	ahock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. OUE TO (OR AS A CONSEQUENCE	OF):	robute of	Engly	our HF.	interval Batwaan Onsat and Daath			
CE		d									
AL	PART II. Other algnificant condition	na contributing to	leath but not resultin	g in the underly	ing causa given in			24b. WERE AUTOPSY FINDINGS			
DICAL						PERFOI		AVAILABLE PRIOR TO COMPLETION DF CAUSE			
ME								OF DEATH?			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (Che	ck only one)		<u></u>			
S	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	oma 5 🗆 Rasidenca I	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF II (Month, De)	NJURY 28b. T	IME OF 28c. I	NJURY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Da)	, rour)		YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY At home, term	, straat, factory, of	lica	281. LOCATION (Street	and Number or	Rural Route Number			
E	4 Homicide detarmined	bonding, e	tc. (Specify)			City or Town, State)					
ال	29e. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, death occu	read at the time of							
COMPLETED	2 MEDICAL EXAMINE	R: On the besis of axe	mination and/or investiga	tion, in my opinion	death occured at the t	to the cause(a) and me	nner ee stated ad due to tha	cause(e) end menner as atetad.			
BE	2 DE GNATURE AND TITLE OF CERTIFIE	1.1	1410		29c. LICENSE NUM		29d. DATE S	SIGNED (Month, Day, Year)			
0 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty	pe, Print)	1)-1	796	> 11	129/91			
	Donald W. Mint		•		ergreen A	ve., Balt	o., M	d. 21214			
	The state of the s			W 4 487							
	DEC 8	1001	Sulia Newidon	Mandella							



Co PD - CL Brows of Property of Colotte

10/20/11 3000-0 011 2 Total 11 Maries

1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the retained by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTHAN		CERTIF	ICALE	OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		YOUNG	G A G		TD	2. DATE OF DEATH	Y (9 YEAR	3. TIME OF DEATH 7:20 A
JOHN 4. SOCIAL SECURITY NUMBER	P .				JR.	11 29		<i>3</i> 1	7:20 A M
	5. SEX	6. AGE (In yrs. last birthday)	MONTHS I	YEAR DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign try)
214 38 6036 A	1 🔯 M 2 🗌 F	51 YRS.				3/8/1940			aryland
9s. FACILITY NAME (If not institution, give					R LOCATION OF DI		9c. COUN	ITY OF [DEATH
HARBOR HOSPITA	L		BALT	LIW	ORE CI	TY	======		
10s. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR	LOCATA	ON				
Maryland ==			altimo						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZ	ZEN OF	WHAT COUNTRY?
3450 - 6th Str	eet			1	21225		11.00	S.A	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WA	S DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes		14. BAC	E - American Indian
1 X Never Merried 2 Msrried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 NO AR OR DATES	If y	yes, spe	city Cuben, Maxica 2 XNO Specif	n, Pusrto Ricen, etc.)		Spec	ck, Whits, etc.
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16s. DECEDENT'S	USUAL OCC	UPATIO	N	16b. KIND OF BUS	INESS/IND	USTRY	
Elementery/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of silfe. Do NOT us	se retired.)						
6th Grade		Printi	ing Pr	ess		Box Co	ompan	У	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
	John Paul	Youngbar Sr				nces Beck	,		
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street an	d Number or Rural i	Route Number, City or Town	, State, Zip	Code)	
Vivian Hawkins		3450) - 6t	h S	treet	Baltimore	Mar	y1aı	nd 21225
20e. METHOD OF DISPOSITION 1 (X Buris) 2 Cremetion 3 Ren	noval from State	20b. PLACE AND DATE	OF DISPOSITI	ON (Nam	ne of	DATE 20c LOS	CATION C	Ity or To	news State
4 Donetion 5 Other (Specify)	mover from State	Glen Have	en Mem	ori	al Park	12-2 G1	en Bu	mi	e, Maryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1	22. NA	ME AND	ADDRESS OF FA	CILITY			
· Jonna	M Zvar	rusushi				nce Funeral Hwy. Balt:			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	bDUE TO (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	ጉ:						
resulting in death) DAST	d								
PART II. Other significant condition	ns contributing to d	death but not resulting I	In the unde	rlying	cauae given in	Part I. 24s. WAS AN	LUTOPSY	241	. WERE AUTOPSY FINDINGS
SCH120 PHR	ENIA					PERFOR	MED?		AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26 PLA	CE OF DEATH (Che	ock onthe one)			
EXAMINER?	HOSPITAL:	EDIO	OTHER:						
27. MANNER OF DEATH	28s. DATE OF I	ER/Outpatient 3 DOA NJURY 26b. TIM		g Home Sc. INJUI		8 Other (Specify)			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day		URY	WOR		28d. DESCRIBE HOW IN	JURY OCC	URED	
3 Suicide 8 Could not be determined	26e. PLACE OF building, e	INJURY — At home, fsrm, stc. (Specify)	street, factory.	, office		28f. LOCATION (Street a. City or Town, State)	nd Number o	or Rural F	Route Number,
		ny knowledgs, death occurre							s) and menner as stated.
SIGNATURE AND TITLE OF CENTIFIE	Bally	b hd			O.C.M.				9 / 9 1
MAKINE GOLLE	TO MIN			T . B	ALTIMO	RE, MARYLA	AND	212	0.1
31. DATE FILED (Month, Day, Year)	32. BEGISTRAR	C CICHATURE		- 9 10	TELETIO	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-2135	- 1 -	•
31. DATE FILED (Month, Day, Year) DEC 0 2 199	1 Julia Do	widson-Randall							

BALTIMORE MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 m. the hospital or attending physician. S certificate has been signed by the attending physician and completely filled in by the funeral director, and detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deot; of health and Mental Hydieire prior to burial, cremation, or removal	medical examiner must in applicant once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m. the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, from the death with the State Deer, of Health and Mental Hydiers prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must in quality at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME	ENT OF HEALTH AND	MENTAL HYGIENE	1 32839				
	1. DECEDENT'S NAME (First, Middle, LE	"F Anderso	n		2. DATE OF DEATH MONTH DAY	YEAR 1700 PIN				
	4. SOCIAL SECURITY NUMBER 216-22-815 9. FACILITY NAME (If not institution, gi	1 M 2 DF	4 YRS. MONT		7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)				
TOR	Washington Cou	inty Hospital		agerstown	EATH 9-	COUNTY OF BEATH Washington				
DIRECTOR	MD Was I	inty Úngton	10c. CITY, TOW Hagers	NO OR LOCATION		10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO				
FUNERAL	100. STREET AND NUMBER 522 Chestnut S			101. ZIP CODE 21740	16	10g. CITIZEN OF WHAT COUNTRY? USA				
BY	1 Never Married 2 M Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISPA If yee, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerlo Rican, etc.)	No- 14. RACE - American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retire Housewid	one during most of working and.)	166. KIND OF BUSINE	:SS/INDUSTRY				
BE CO	17. FATNER'S NAME (First, Middle, Last) George W. Cubb	age		Audrei	AME (First, Middle, Meiden Surr J. M. Harris					
5	190. INFORMANT'S NAME (Type/Print) Robert C. Ande	rson		tnut St. Hage		tate, Zip Code) 21740				
40	20e. METNOD OF DISPOSITION 1	emoval from State	p.PLACE AND DATE OF DISI netery, cremetery or other plan MUCHS DWIG	Rematory i	11-22-91 Smi	ion - City or Town, State ths burg, MD				
	Jennie Jennie	2 Al	Evin	22 NAME AND ADDRESS OF FU Davis Funeral Rt. 3 Box 78		MD 21783				
CERTIFICATION	23. PART I. Enter the diseases, or complications that causad the death. Do not enter the mode of dying, such as cardisc or respiratory arreat, ahock, or heart failure. List only one pause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUETTO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
CIAN: MEDICAL C	PART II. Other significant condit	lons contributing to death b	out not resulting in the	undarlying causa given in	Part I. 24e. WAS AN AUTI PERFORMED 1 YES 2	D? AVAILABLE PRIOR TO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIAL:	отн							
BY PHYS	27. MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	Nursing Nome 5 Reeldence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOW INJUR	RY OCCURED				
20 DIACE OF INJUDY As have 4 and a second an										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PN 2 MEDICAL EXAM	YSICIAN: To the best of my know.	ledge, death occurred at the	e time, date end piece, end due ny opinion, death occured at the	fo the ceuse(e) end menner time, date end place, end du	ee atated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	hau niD		29c. LICENSE NUI		d. DATE SIGNED (Month. Day, Year)				
	SAME Chan 31. DATE FILED (Month, Day, You) NOV 26	M.D. NEGISTRAR'S SIGN	35 mt. 1	Aetna RJ.	Hag. 1	nd 21740				
		U								

er this certificate has been signed by the attending physician and completely filled in by the funer of the complete of the co	si examiner miss be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the feed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mint be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	HEALTH AND	MENTA	AL HYGIENE REG. NO.	91	328	340
1. DECEDENT'S NAME (First, Middle, Last Effie I	. DECEDENT'S NAME (First, Middle, Last)				E OF DEATH DAY	DAY YEAR		ME OF DEATH	
4. SOCIAL SECURITY NUMBER 232 28 2690	2 28 2690 1 M 2 M F 89 YRS. MONTHS DAYS HOURS MIN. 1 MONTHS DAYS HOURS MIN. 1 MONTHS DAYS HOURS MIN.						6. E	6. BIRTHPLACE (State or Fo West Virgi	
Washington County Hospital Hagerstown W RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Maryland Washington Hagerstown							Was	hing	gton
								10d.	INSIDE CITY LIMITS? YES 2 NO
10 . STREET AND NUMBER 10 . Baltimore St. 10 . ZIP CODE 21740 USA									COUNTRY?
1 Naver Married 2 Married 3 Wildowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, epecify Cuban, Maxican, Puerto Rican, etc.) 14. RACE— Black, W 1 YES 2 NO Specify: Specify:							RACE — AI Black, Whi Specify: W	nerican Indian, la, atc. hite
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 6 Yrs.	UCATION le completed) College (1-4 or 5 +)	16a. DECEDENT'S UP (Give kind of wo life. Do NDT use labor	rk done during ma retired.)	ON st of working		ircraf			turing
17. FATHER'S NAME (First, Middle, Last) James Willian	n Gano			Mary	Katl	Middle, Maiden St nerine	McFi	11ir	0
Carl R. Abshir		43 B E	Elgin I	and Number or Rure $\mathrm{B}1\mathrm{vd}$. H	i Route Num Iage:	stown	, Md.	217	
20a, METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Rev 4 Dopation 5 Other (Specify) 21. SIGNATURE DF FUNERAL SERVICE L	noval from State	PLACE AND DATE OF	1 ^{plac} Ceme			91 Hag	ersto	or Town, Si	Marylan
23. PART I. Enter the diseasea, pr	Mins	uch	Geral	ld N. M stown.	linn: Ma:	cvland		Pot	omac St
IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A	CONSEQUENCE OF):					tory arroat,		Approximate interval Between Onaet and Death
PART II. Other aignificant condition	d	ut not resulting in	the underlying	g cauaa given ir	Part I.	24a. WAS AN AL PERFORM 1 YES 2	ED?	AVAIL. COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 \(\sum \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etient 3 DOA 4	THER:	ACE OF DEATH (C)			2.0		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJI		_	SCRIBE HOW INJ	URY OCCURE	D	
3 Suicide 8 Could not be 4 Homicide daterminad	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm, atra	eat, factory, office		261. LOC City	CATION (Street and or Town, State)	Number or Ru	ural Route N	umber,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	CICIAN: To the best of my know ER: On the basis of examination	ledga, death occurred	at the time, deta	and place, and du	a to the ca	use(a) and manna	er as stated.	see(a) and r	nannar as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED 1 (1.2)					NED (Month	, Day, Year)			
30. NAME AND ADDRESS OF PERSON WE	MO COMPLETED CAUSE OF DE	MILL 37	int)	ERSTOW	~ >.			`	
31. DATE FILED (MON NOV 25 9	32. REGISTRAN'S SIGN.	ATURE Davidson-Pani	dell		,				

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1	夢	2	d
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ā.	5 3	IMDODIANT if flow 29 is marked or flow 32 shows any latter, or ashor bearmosts around the
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 lifting after them. P.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or immos-	=

	REGISTRAR	STATE OF MARY	LAND / DEPA	ARTMENT OF FICATE OF	HEALTH AND	MENTAL HYGIE		52041		
	1. DECEDENT'S NAME (First, Middle, Lust) Stella Beatrice	Birel		2. DATE OF DEATH MONTH DAY Y		YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 Hrs. 1 M 2 F 8 YRS. MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Month, Day, Year) 06-12-07	BIRTNPLACE (State or Foreign Country) ashington, DC			
TOR	Annapolis Nursing & Conv. Ctr. Annapolis RESIDENCE OF DECEDENT 96. COUNTY OF DEATH Anna Arrundel									
DIRECTOR	MD Anne A	Arundel Edgewater					10d. INSIDE CITY LIMITS? 1 YES 2X NO			
NERAL	3680 First Aver	101. ZIP CODE				109. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 VINO 13. WAS DECENDENT OF NISP FORCES? 1 VES 2 VINO 14. WAS DECENDENT OF NISP FORCES? 1 VES CIVE WAS DECENDENT OF NISP If yes, specify Cuban, Maxi					PANIC ORIGIN? (Specify Yea or No— idean, Puerto Rican, etc.) 14. RACE — American, Puerto Rican, etc.) 15. RACE — American, White, Specify			
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade con Elamentary/Secondary (0-12) Oth					16b. KIND OF BUSINESS/INDUSTRY Legal				
BE CON	17. FATNER'S NAME (First, Middle, Last) James Pumphrey				Lydia	AME (First, Middle, Maide	Sumame)			
TOE	Ralph Pumphrey	3680	O 1st A	venue,	Route Number, City or To Edgewate	vn, State, Zip Co	2 1 037			
	4 Donation 5 Other (Specify)			ACE AND DATE OF DISPOSITION (Name of ry, crematory or other place)			DATE 20c. LOCATION — City or Town, State Baltimore, MD			
	22. NAME AND ADDRESS OF FACILITY Har desty Funer Home, 12 Ridgely Avenue, Anna						e, P.A	A .		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Ouero (or as a consequence of):									
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PARA Plenia — ? eTillogy Chronic degression 1 yes 2 no							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN		OSPITAL:	netlant 2 1 DOA	OTHEB	ACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpetient 3 DOA 4 Norming Nome 5 Residence 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO				8 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED				
	3 Suicide 8 Could not be 4 Nomicide determined	lcide 8 Could not be 28s. PLACE OF INJURY — Al home, farm, atrael, lactory, office building, atc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE C	200. SIGNATURE AND TITLE OF CERTIFIER	Friend			29c. LICENSE NU			GNED (Month, Day, Year)		
	and additions of Person who co	TY CHEST PLACE	20 S	e, Print) RIG	19.0/4	Ave. B	hng	polis, wol		

est Redgely the America way

BALTIMORE MARM AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PRYSICIAN. The law requires that the death certificate be executed within 2 mounts after death. Page 6 mountains to the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors. After the detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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ter death. Pa	the funeral oval.	ai examine
E mours at	y filled in by	the medic
ecuted withir	nd completel burial, crema	atic event,
tificate be ex	physician a ene prior to	ther traum
he death cer	the attending	njury, or o
equires that t	an signed by	lows any i
V: The law re	State Dept. o	Item 23 s
IG PHYSICIAL	ter this certif ath with the	narked, or
DR ATTENDIA	MRECTOR: After de	em 28 Is r
HOSPITAL D	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	TO THE	IMPOF

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.		Q 1.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	TE OF DEATH 3. TIME OF DEATH				
	MAUDE PEARC				MONTH DAY YEAR			11:30 Am			
	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HAS.	7. DATE O	F BIRTH	8.1	BIRTHPL	ACE (State or Foreign	
	212-54-8864	1 M 2 K F 95	YRS.	THS DAYS	HOURS MIN.	May	1.5,1	396		yland	
~	90. FACILITY NAME (If not institution, give Ginger Cove	street and number)	9b.	CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEA	TH	
DIRECTOR	Health Care Co	Care Center Annapolis A						Anne	nne Krundel		
RE	10e. STATE 10b. COUNT								Dd. INSIDE CITY LIMITS?		
	Maryland Ann	ane Arundel Annapolis			lis				1	YES 2 NO	
AL	10e. STREET AND NUMBER	ID NUMBER 101. ZIP CODE						10g. CITIZEN	OF WH	AT COUNTRY?	
E	5308 River Cre	scent Drive			21401			U.	S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			ANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Black, White, etc.)				- American Indian,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			es, specify Cuben, Mexicen, Puerto Ricen, etc.)] YES 2 XNO Specify:				Specify:	TIME, ULG.	
							White				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION a completed)	(Give kind of work	done during mo	ON st of working	16b.	KIND OF BUS	INESS/INDUST	RY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel							No. 1	
MP	12	Homemaker					Ног				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					The second	
BE	Harry Thorns	on Pearce			Estel				3/27		
0	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural					21401	
- 1	George W. Ba										
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Rer	noval from State	PLACE OF DISPOSITION other place)					ATION — City			
	4 Donation s Dottor Annapolis, MD										
	21. SIGNATURE OF PLASFAL SERVICE L	CONTRACT /	11	1 a v]	or Fune	ral	Chap	-1	2]	401	
	*VIDBUY	x- Veryle	or		Glouces						
	23. PART I. Enter the diseases, or complications that be used the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):										
	DUE TO (OR AS A CONSEQUENCE OF):										
O	Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF:								
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING										
E	CAUSE (Disease or Injury that initieted events	DUE TO (DR AS A	CONSEQUENCE OF):								
E	resulting in deeth) LAST										
Height		U.									
CAL	PART II. Other significant condition	PERFORMED? AVAI							VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC	Mo	Mone-					1 TYES 2 THO			OF DEATH?	
2								1 YES 2		YES 2 ND	
AN	OF HIS CICE DEFENDED TO HEDIOLI									214	
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. P	LACE OF DEATH (Ch	hack only one	9)				
IYS	1 YES 2 LNO	1 Depatient 2 ER/Outpe			te 5 Rasidenca	7					
	27. MANNER OF DEATH 1 Naturel S Pending	(Month, Day, Year)	28b. TIME OF	W	JURY AT ORK?	28d. DES	CRIBE HOW IF	JURY OCCUR	ED		
BY	2 Accident Investigation 1 TES 2 NO										
	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, fectory, office bullding, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)										
	29a. CERTIFIER 1 (Check and (Che										
29a. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data end place, and due to the cause(s) end menner as stated to the cause of the cause of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause of examination and/or investigation.											
296. SIGNATURE AND TITLE OF CERTIFIERY 296. DICENSE NUMBER 296. DICENSE NUMBER 297. DICENSE NUMBER 296. DICENSE NUMBER 297. DICENSE NUMBER											
								AND CALE S	LED (N	G.	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	TH (ITEM 27) (Top 2)	net)	043	10		- //	77	V	
	THOMAS WARSH	MD 269 F	eninsul	a Far	ren Rd	Are	NOL	o mo	of:	21012	
	31. DATE FILED (Month, Day, Year) NOV 1 9 1991	32. REGISTRAR'S SIGNA	TURE Pandelle								

S. Jay Constitute by Control of Particular Control of the Control FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			ICATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VEAD	3. TIME OF DEATH
	Martha Jane	Byers				MONTH D	9 9 9 1	М
	0111011	1 🗆 M 2 💢 F	AGE (In yrs. leat birthday) 66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mopth, Day, Year) 2/22/25	8. BIRT Coun	HPLACE (State or Foreign try) MD
OR	9a. FACILITY NAME (If not institution, give str 720 Stone Ro				inster	EATH	ec. county of	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD C 8	arroll	10c. CIT	Westm	inster			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 720 Stone Rd.			10	21157		10g. CITIZEN OF U.S.	WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bia	E — American Indian, ck, White, etc.
TED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	18a. DECEDENT'S	work done during me	ON st of working	18b, KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		er/empl		St.	of MD.	
Ö	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
BE	Clarence Barne	S				ie Harmo		
2	19a. INFORMANT'S NAME (Type/Print) Mr. Charles By	rong				Route Number, City or Townsten		24457
	20a METHOD OF DISPOSITION	ELS	20b. PLACE OF DISPO				CATION — City or	21157
	1 Burial 2 Cremation 3 Remo	val from State	Meadow I				stminst	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1110000111	22. NAME A	ND ADDRESS OF FA			
1	Robert K.	Pritte	Sr					per inster. MD
DICAL CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE OF	OF):	-UNG			1 Year
MEDICAL CE	PART II. Other eignificent conditions	contributing to d	eeth but not resulting	In the underlyir	g ceusa givan in	Part I. 24a. WAS AN PERFO 1 YES	RMED?	bb. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE DF DEATH (C)	heck only one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:		8 Other (Specify)		
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Inventigation	28a. DATE OF II (Month, Day	NJURY 28b. TI	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At home, farm, tc. (Specify)	street, factory, offi	ie .	281. LOCATION (Street City or Town, State	and Number or Rura)	l Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER							o(a) end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Rulo,	mo PHYS	10AN	D211		29d. DATE SIGNE	ED (Month, Day, Year)
	Arthur L. RUDO	MD 5.			E BLVA	WESTA	WSTER	MD 21157
	NOV 21 '91	Juna V	widson-Rander	-				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death that this certificate has been signed by the attending physician and completely filled in by the financial control of Should be detached the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

retained by the hospital or attending physician.

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTINGRE, MARYLAND 21203-3146
us after dettil the retained by the hospital or attending physic

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number of the late
ist be notified at once.

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by this	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

DEC 3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	CATE OF	DEAIM	REG. NO			2 THE OF SEAT	
	BABY BOY BETHE	A				MONTH D	12, 1	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	12, 1	991 8. BIRTHI	6:25 P M	
		1 🕅 M 2 🗆 F	YRS.	HONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country	YLAND	
	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF D		9c. COU	NTY OF DE		
TOR	THE JOHNS HOPKINS	HOSPITAL	BALTI	MORE		BAL	TIMO	RE CITY		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			Т	10d, INSIDE CITY	
	MARYLAND		COT	UMBTA					LIMITS?	
FUNERAL	10a. STREET AND NUMBER				. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?	
NEF	6105 TURNABOUT LAN				21044		USA	A		
F	11 MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN I FORCES? 1 YES	2X NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.)	or No—	14. RACE Black	- American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES		2 NO Speci			Specif	SLACK	
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	ISa. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/IN			
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo retired.)	st of working					
COMPL	N/A	N/A	N/A			N/A				
	17. FATHER'S NAME (First, Middle, Lest) TIMOTHY WINN				11 060	SHA BETHEA	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAII ING A	DDRESS /Street a		Route Number, City or Tow	on Chate Tie	0-1-1		
5	KEISHA BETHEA			S ABOVE	no Number of Nural	node Namber, City or low	n, state, z.ij.	Code)		
	20e. METHOD OF, DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town. States									
	4 🗆 Donatton 5 🗀 Other (Specify)	J	HH cremetory or other	er place)		11/91BALT	IMOR	E, MD	. 21205	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AN	ID ADDRESS OF FA	CILITY				
	23. PART I. Enter the disasses, or con shock, or heart fallurs. Lie	nplications that caused t	he death. Do no	t enter the mo	de of dying, aud	ch as cardisc or raspi	rstory ar	rsst,	Approximats	
	IMMEDIATE CAUSE (Finsi								Interval Between Onset and Death	
	resulting in death)		and iti	5					few days	
_		DUE TO (OR AS A C	ONSEQUENCE OF):							
O.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):				-			
	csuse. Enter UNDERLYING CAUSE (Disesse or Injury									
S		DUE TO (OR AS A C	ONSEQUENCE OF):							
TIFICA	that initiated events									
SERTIFICA	that initiated events resulting in death) LAST								-	
AL CERTIFICATION	PART II. Other significant conditions	contributing to death but	not resulting in	the underlying	ı csuse given in	Part I. 24e, WAS AN		24b.	WERE AUTOPSY FINDINGS	
- 10	PART II. Other significant conditions	contributing to death but	not resulting in	the underlying	ı cause given in	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
- 10	resulting in desth) LAST	contributing to death but	not resulting in Syndum	the underlying	j cause given in	Part I. 24a, WAS AN PERFOR	MED?		AVAILABLE PRIOR TO	
- 10	PART II. Other significant conditions Hypoplastic (contributing to death but	not resulting in Syndum	the underlying	j csuse given in	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
- 10	PART II. Other significant conditions of the policy of the significant conditions of the policy of t	eff hearT	Syndron	26. PL	J cause given in	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
- 10	PART II. Other significant conditions of the policy of the significant conditions of the policy of t	OSPITAL: Xinpetient 2 = ER/Outpet	Syndum	26. PL OTHER: Nursing Home	ACE OF DEATH (Ch	PERFOR 1 YES 2 eck only one) 8 Other (Specily)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	PART II. Other significant conditions of the policy of the	eff hearT	Syndu	26. PL OTHER: Nursing Home OF 28c. INJI WOI	ACE OF DEATH (Ch	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the policy of the	ORPITAL: Xinpatient 2 = ER/Outpatl 28a. DATE OF INJURY (Month, Day, Year)	Syndicities of the state of the	26. PL OTHER: Nursing Home Wol Wol 1 Y	ACE OF DEATH (Ch 5	eck only ons) 8 Other (Specify) 28d. DESCRIBE HOW II	MED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the proposition of the propos	OSPITAL: Xinpetient 2 = ER/Outpetil 28e. DATE OF INJURY	Syndicities of the state of the	26. PL OTHER: Nursing Home Wol Wol 1 Y	ACE OF DEATH (Ch 5	PERFOR 1 YES 2 eck only one) 8 Other (Specily)	MED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the policy of the	OSPITAL: Inpatient 2 ER/Outpate 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY - building, etc. (Specify,	ent 3 DOA 4 28b. TIME INJUR	26. PL OTHER: Nursing Home Nursing Home Nursing Home 1 U WO 1 U Pet, factory, office	ACE OF DEATH (Ch 5 Gealdence Beautiful AT RK? ES 2 NO	8 Other (Specily) 28d. DESCRIBE HOW II City or Town, State)	MED? NO NJURY OCC	CURED or Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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Baltimore

Embersoning

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

3. REGISTRAR'S SIGNATURE Juna Sandson-Pandall

			FICATE OF	DEATH	REG. I	NO.	
1. DECEDENT'S NAME (First Middle, Last, LOBERT			BBDU	1.1	2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-36-1439	1 M 2 F	E (In yrs. lest birthday 53 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year 4-17-3	8	BIRTNPLACE (State or Foreign Country)
90. FACILITY NAME (It not institution, give PENINSULA GE. RESIDENCE OF DECEDENT		'AL		SBURY	DEATN	9c. COUNT	Y OF DEATH COMICO
10e. STATE 10b. COUNTY 10e. STREET AND NUMBER	cester		COLLOKE	City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
601 Young	Street		10	21851		U.S	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	II yee, ap	CENDENT OF HISPA Decify Cuban, Mexic S 2 RQ Spec	ANIC ORIGIN? (Specify en, Puerto Ricen, etc.)	Yes or No- 14	I. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2 th	College (1-4 or 5+)	(Give kind o life. Do NOT	'S USUAL OCCUPATION work done during mouse retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last) Neely	Brown	2000	1001	18 MOTNER'S N	AME (First, Middle, Maid		m³h.
Josephine B.	Holden			and Number or Rural	Aoute Number, City or	Town, State, Zip Co	ode)
20e. METNOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	20		E OF DISPOSITION (Na			LOCATION — CIT	
21. SIGNATURE OF FUNERAL SERVICE LI) ex	2	Sava	ND ADDRESS OF F			A CT & Tire
23. PART I. Enter the diseases, pr		wey	MeM	Church	. Va. 23	3415	
ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in daeth)	a. BILA TO OUR AS	COMM	PNS 4 PL	da of dylng, au	• Va. e 23 ch as cardlec or re-	347.5 apiratory arrea	t, Approximate interval Between Oneast and De
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TR' P TIUM

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BACTIMONE MARYLAND 21215-0020
OR ATENDING PHYSICIAN: The law requires that the death certificate he experiend within 24 hours about

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ermit. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MARYL		ICATE OF	DEATH		REG.	NO		
1. OECEDENT'S NAME (First, Middle, Last	Lerch				MO	TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4, SOCIAL SECURITY NUMBER		(In yrs. last birthday)	CRANDE	T	24		8, 19	991	0650
216-18-5985	11 M 2 - F 83		F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		TE OF BIRTH onth, Day, Year -26-(30	Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give)	9b. CITY TOWN O	OR LOCATION OF		-20-0		MAI	yland
Calvert Memor	rial Hospit	al		e Fred		ck		alve	
10e. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCAT	TION					10d. INSIDE CITY
	ne Arundel	Chi	urchton	1					LIMITS?
10e. STREET AND NUMBER			101	. ZIP CODE					WHAT COUNTRY?
5531 Capel St				20733	3		USA		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISP ecify Cuban, Mexic	ANIC ORIG	GIN? (Specify o Ricen, etc.)	Yee or No-	t4. RACI Blac	E — American Indien, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 X NO Spec					~ White
15. DECEDENT'S ED	UCATION WW I		USUAL OCCUPATION	ON.		AL VIND OF			
(Specify only highest grad	le completed)	(Give kind of v	vork done during mo	est of working	1	66. KIND OF	BUSINESS/IN	DUSTRY	
8th	College (1-4 or S+)	Water	nan			Seat	boo		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME /Fire				
John Augustus	Crandell			Matt		Evar	,		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	and Number or Burn	Il Route No	imber. City or	Town State 7	in Corte)	
Fredericka Ow	en Crandell	5531	Carvel	St. C	hur	chtor	i, MD	2(733
20e. METHOD OF DISPOSITION	206	PLACE AND DATE	DE DISPOSITION /No	ame of	-	TE 200	LOCATION		wa State
t X Burial 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation S ☐ Other (Specify)	moval from State	hr 1st E	ther place)	al Chu	rah	Cam	Ma		iver, MI
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE //		22. NAME AN	ID ADDRESS OF F	FACILITY				
5 410	// ///					79 7.7		-	
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vall 1	Mh		905	Galesv	ille	Roa	d, Ga	ales	
23. PART i. Enter the dibeesee, or ehock, or heert fellure	complications that ceused. Liet only one cause on e	d the death. Do n	905	Galesv	ille	Roa	d, Ga	ales	ville, N
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enock, or neert tellure	. Liet only one cause on e	d the death. Do nech line.	905 not enter the mo	Galesv de of dying, su	ille	Roa	d, Ga	ales	Ville, N Approximete intervel Betw Onset end De
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NOV 3 of 1997 And Address of 1997

1. DECEDENT'S NAME (First, Middle, Last)

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must be examiner filled in by the medical 0 the in and completely filli-to burial, cremation, event, executed within traumatic een signed by the attending physician of Health and Mental Hygiene prior to the death certificate be other 07 injury. shows any peen has be Dept. ME 23 item certificate State DR ATTENDING PHYSICIAN: 10 the marked, with this After death 28 IS FUNERAL DIRECTOR: A within 72 hours after di HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

BOX 13146,

P.O. I

RECORDS,

OF VITAL

DIVISION

2. DATE OF DEATH MONTH DAY Clopper Lynn 05:53 A M DENA 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 1 M 2 F 37 219-66-0973 Waynes bors, PA YRS. 10/12/54 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH Washington County RESIDENCE OF DECEDENT Wishington Gunty DIRECTOR Hospital Hag erstown 10c. CITY TOWN OR LOCATION 10e. STATE 10b. COUNTY Washington County MD 21783 MD 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box USA R+ 4 236 21983 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Merried 2 Married
3 Widowed 4 Divorced If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 Specify: specify: White BY ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complex 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5 +) COMPL Secretary Dental Office 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dorsey C. Pike Marcia L. Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 4 Box 236 Smithsburg, MD James E. Clopper 21783 20a. METHOD OF DISPOSITION

1 A Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Smithsburg Cemetery 11-23-91 Smithsburg. MD 4 Donetton - - Other (%) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Davis Funeral Home Rt. 3 Box 78 Smithshung MD

23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, Approximata shock, or heart failure. List only one cause on each line. interval Betwe Onsat and Death IMMEDIATE CAUSE (Final diseasa or condition Il Bould Concer Melantetic Sm resulting in death) Digen CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate causa, Enter UNDERLYING CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 3h lotel Full hard resecti Syndone -1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** NOSPITAL:
1 Nopetient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be datarmined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se attated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE P. an D38764 120 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KARL MO RIGGE Polomer St Hegershows mo OFFIS 239 N. 31. DATE FILED (Month, NOV 22 91 32. REGISTRARY SIGNATURE.

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(BALTIMORE, MARY AND 21215-0020	4 nours after death Per Branch he hospital or attending physician	s certificate has been signed by the attending physician and completely filled in by the fune and the state beta for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examinar must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 nours after death Face and the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be motified at once.

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216 - 22 - 83 9 1		R	5. SEX	6. AGE (In	yrs. last birthday)			DER 24 HRS.	7. DATE	OF BIRTH		. BIRTH	PLACE (State or Foreign	
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The INDOMANT'S NAME (Provision) DONALD CAMPBELL 1996 MAILING ADDRESS (Street and Number or Rural Polate Number or Rural Russ (Appendix Number or Rural Russ) 1180 JEFFERSON BLVD., HAGERSTOWN, MD. 21740 120 PLACE AND DATE OF DISPOSITION (Number of Rural Russ) 120 PLACE AND DATE OF DISPOSITION (Number of Rural Russ) 121 SIGNATURE OF FUNERAL BETVICE LICENSEE 122 NAME AND ADDRESS OF PARLITY 123 PLACE OF FUNERAL BETVICE LICENSEE 124 NAME AND ADDRESS OF PARLITY 125 NAME AND ADDRESS OF PARLITY 126 NAME AND ADDRESS OF PARLITY 127 NAME AND ADDRESS OF PARLITY 128 NAME AND ADDRESS OF PARLITY 129 NAME AND ADDRESS OF PARLITY 129 NAME AND ADDRESS OF PARLITY 120 PLACE AND DATE OF PARLITY STATES OF PARLITY 120 PLACE AND DATE OF PARLITY STATES OF PARLITY 121 NAME AND ADDRESS OF PARLITY 122 NAME AND ADDRESS OF PARLITY 123 NAME AND ADDRESS OF PARLITY 124 NAME AND ADDRESS OF PARLITY 125 NAME AND ADDRESS OF PARLITY 126 NAME AND ADDRESS OF PARLITY 126 NAME AND ADDRESS OF PARLITY 127 NAME AND ADDRESS OF PARLITY 128 NAME AND ADDRESS OF PARLITY 129 NAME AND ADDRESS OF PARLITY 129 NAME AND ADDRESS OF PARLITY 129 NAME AND ADDRESS OF PARLITY 120 NAME AND ADDRESS OF PARLITY 120 NAME AND ADDRESS OF PARLITY 120 NAME AND ADDRESS OF PARLITY 121 NAME AND ADDRESS OF PARRITY 122 NAME AND ADDRESS OF PARRITY 123 NAME AND ADDRESS OF PARRITY 124 NAME AND ADDRESS OF PARRITY 125 NAME AND ADDRESS OF PARRITY 126 NAME AND ADDRESS OF PARRITY 127 NAME AND ADDRESS OF PARRITY 128 NAME AND ADDRESS OF PARRITY 129 NAME AND ADDRESS OF PARRITY 120 NAME AND ADDRESS OF PARRITY 120 NAME AND ADDRESS OF PARRITY OF PARLITY 120 NAME AND ADDRESS OF PARRITY 121 NAME AND ADDRESS OF PARRITY OF PARLITY 124 NAME AND ADDRESS OF PARRITY OF PARLITY 125 NAME AND ADDRESS OF PARRITY OF PARLITY 126 NAME AND ADDRESS OF PARRITY OF PARLITY 127 NAME AND ADDRESS OF PARRITY OF PARLITY 128 NAME AND ADDRESS OF PARRITY OF PARLITY 129 NAME AND ADDRESS OF			TER	THO	MAC									
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29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Manth, Day, Year) 12 AFFISITABLES SIGNATURE 29d. SIGNATURE 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Manth, Day, Year) 29d. SIGNATURE 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNATURE 29d. DATE SIGNED (Month, Day, Year)	EXAMINER? 1 VES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pe	MEDICAL	HOSPITAL: 1 Inpetient 2 28s. DATE OF	ER/Outpath	ent 3 DOA	OTHER:	28. PLACE OF	DEATH (C)	eck only on	PERFORM 1 VES 2 (ÆD? □ ND		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
(Check only 1 DEPTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 D D D D D D D D D D D D D D D D D D D	EXAMINER? 1 VES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Im	MEDICAL	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Da	ER/Outpath INJURY ny, Year) FINJURY	lent 3 DOA 28b. TIM	OTHER: 4 Nursi	28. PLACE OF: ing Home 54/11 28c. INJURY AT WORK? 1 YES 2	DEATH (C)	a Othe	PERFORM 1 YES 2 (10) 10) 10) 10) 11) 12) 13) 14) 15) 15) 16) 17) 17) 18) 18) 18)	MED? ND ND	RED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MNATION . 29d. DATE SIGNED (Month, Day, Year) D 2 8 3 6 5	EXAMINER? 1	MEDICAL	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Da	ER/Outpath INJURY ny, Year) FINJURY	lent 3 DOA 28b. TIM	OTHER: 4 Nursi	28. PLACE OF: ing Home 54/11 28c. INJURY AT WORK? 1 YES 2	DEATH (C)	a Othe	PERFORM 1 VES 2 (1 (Specify) CORIBE HOW IN. ATION (Street and	MED? ND ND	RED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
31. DATE FILED (Marth, Day, Yor) 12 AFGISTRAP'S SIGNATURE	EXAMINER? 1 VES 2 ND 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident Important Impor	meding restigation and not be termined	HOSPITAL: 1 Inpetient 2 2aa. DATE OF (Month, Da) 2aa. PLACE OF building, a	ER/Outpath INJURY ny, 'bar') F INJURY — atc. (Specify)	ent 3 DOA 28b. TIM INJ At home, ferm, i	OTHER: 4 Nursi	28. PLACE OF The second of the	DEATH (Cr	a Cothe 2ad. DES	PERFORM 1 VES 2 (Tr (Specify) CORIBE HOW IN. ATION (Street and or Town, State)	MED? ND ND ND ND ND ND ND ND ND	RED Rural Ro	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
31. DATE FILED (Marth, Day, York) 12. DEGISTRAN'S SIGNATURE	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Im 3 Suicide 6 Cc 4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDICA	meding restigation and not be termined	HOSPITAL: 1 Inpetient 2 2aa. DATE OF (Month, Da) 2aa. PLACE OF building, a	ER/Outpath INJURY ny, 'bar') F INJURY — atc. (Specify)	ent 3 DOA 28b. TIM INJ At home, ferm, i	OTHER: 4 Nursi	28. PLACE OF ing Home 5 INJURY AT WORK? 1 YES 2 17, office te, data and place te, data and place te, data and place te.	DEATH (C) Residence NO o, end due	a Othe 2ad. DES 2af. LOC City 10 the cautime, date	PERFORM 1 VES 2 (Tr (Specify) Tr (Specify) ATION (Street and or Town, State) see(s) and mann and place, and	JURY OCCUR d Number or er es stated, due to the c	RED Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ute Number, and manner as stated.	
31. DATE FILED (Maprit, Day, You) 32 REGISTRAS'S SIGNATURE	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pa 2 Accident 3 Suicide 6 Cc 4 Homicide 6 Cc (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	meding restigation wild not be termined YING PHYSICIAL EXAMINER:	HOSPITAL: 1	ER/Outpath INJURY ny, Year) F INJURY— atc. (Specify) my knowled eminstion as	At home, ferm, a	OTHER: 4 Nursi E OF UNY M street, factor ad at the tin	28. PLACE OF ing Home 5 INJURY AT WORK? 1 YES 2 17, office te, data and place te, data and place te, data and place te.	DEATH (C) Residence NO o, end due	a Othe 2ad. DES 2af. LOC City 10 the cautime, date	PERFORM 1 VES 2 (Tr (Specify) Tr (Specify) ATION (Street and or Town, State) see(s) and mann and place, and	JURY OCCUR d Number or er es stated, due to the c	RED Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ute Number, and manner as stated.	
31. DATE FILED (Manth, Day, Year) 32 REGISTRAB'S SIGNATURE	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pa 2 Accident 3 Suicide 6 Cc 4 Homicide 6 Cc (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	meding restigation wild not be termined YING PHYSICIAL EXAMINER:	HOSPITAL: 1	ER/Outpath INJURY ny, Year) F INJURY— atc. (Specify) my knowled eminstion as	At home, ferm, a	OTHER: 4 Nursi E OF UNY M street, factor ad at the tin	28. PLACE OF ing Home 5 INJURY AT WORK? 1 YES 2 17, office te, data and place te, data and place te, data and place te.	DEATH (C) Residence NO o, end due ured at the	a Othe 2ad. DES 2af. LOC City 10 the cautime, date	PERFORM 1 VES 2 (Tr (Specify) Tr (Specify) ATION (Street and or Town, State) see(s) and mann and place, and	JURY OCCUR d Number or er es stated, due to the c	RED Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ute Number, and manner as stated.	
	EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pa 2 Accident Im 3 Suicide 6 Ca 4 Homicide 6 Ca Check only 1 CERTIF (Check only 2 MEDICA 29b. SIGNATURE AND TITLE O	meding restigation and the termined wild not be termined wild EXAMINER:	HOSPITAL: 1 inpatient 2 in inpatient 2	ER/Outpath INJURY ny, Yber) F INJURY — atc. (Specify) my knowled eminstion at	lent 3 DOA 28b. TIM INJ At home, ferm, so lige, death occurrend/or investigation in (ITEM 27) (Type, 368 W	OTHER: 4 Nursi E OF UNY M street, factor ad at the tin	28. PLACE OF ing Home 5 INJURY AT WORK? 1 YES 2 17, office te, data and place te, data and place te, data and place te.	DEATH (C) Residence NO o, end due ured at the	a Othe 2ad. DES 2af. LOC City 10 the cautime, date	PERFORM 1 VES 2 (Tr (Specify) Tr (Specify) ATION (Street and or Town, State) see(s) and mann and place, and	JURY OCCUR d Number or er es stated, due to the c	RED Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO ute Number, and manner as stated.	

should be detached for use as the burlai-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 normal than the conficient has been signed by the attending physician and completely lifed in the moral direction. To the conficient with the State Dept. of Health and Mental Hygiene prior to burial, crematice or timoral than the State Dept. of Health and Mental Hygiene prior to burial, crematice or timoral marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ORE; MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	ENT OF HEALTH AN	ID MENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	Y YEAT	3. TIME OF DEATH
	JACK J. DI) 4. SOCIAL SECURITY NUMBER	The second second			Nov. 15,	1991	A. M
		1 THATE	MON	INDER 1 YEAR IF UNDER 24 H	IN. (Month, Day, Year)	8. Bill Co	HTHPLACE (State or foreign unitry) NOT Ch
	214-12-9611 9a. FACILITY NAME (If not institution, give s.				Dec.14,1	07 01	Carolina
OB	514 Defense Hi		9b.	Annapoli		9c. COUNTY O	e Arundel
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						- Tunder
DIRECTOR				WN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Ann	ie Arundel	An	napolis 100, ZIP CODE			1 YES 2 KNO
FUNERAL	574 Defence Wi	alana a			2		F WHAT COUNTRY?
ON	514 Defense Hi	12. WAS DECEDENT EVER IN U.	S. ARMED	2140	SPANIC ORIGIN? (Specify Yas		S.A.
	1 Never Married 2 Married	FORCES? 1 YES	2 (WO	If yes, specify Cuban, M	exican, Puerlo Rican, etc.)	В	ACE — American Indian, lack, White, atc.
ЭВУ	3 Widowed 4 Divorced			7 120 2 23,100 3	рөску.	No.	hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 18 completed)	Give kind of work of	one during most of working	16b. KIND OF BUSI	INESS/INDUSTRY	Y
E.	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)			
MF	17. FATHER'S NAME (First, Middle, Last)		Owner-0		Septi		rice
		7			S NAME (First, Middle, Malden S	Surname)	
BE	Abraham Howel 19a. INFORMANT'S NAME (Type/Print)		T 405 MAIL 1910 4 100		Powers		
9	Joy L. Dillard				tural Route Number, City or Town,		
	20a. METHOD OF DISPOSITION	20h DI		POSITION (Name of	hway, Anna	POLLS,	
	1 Burial 2 Cremation 3 Ramo	oval from State	ry, cremetory or other pl		1,		
	TI, DIGNATURE OF FUNERAL BERVICE LIC	ENSEE .		22. NAME AND ADDRESS O	F FACILITY	lusonv	ille, MD
	John allal	1 7.1			eral Chape		
	23. PART I. Enter the diseases, or c	complications that favored the	a death Do not or	47 Glouce	ster St. A	nnapol	
	shock, or heart failura. I	a. DUE TO (OR AS A CO	M. M.	7	such as culture of respire	atory arrast,	Approximate Interval Batwean Onset and Death
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO) e	CHE	- did	liel	Esquer
CERTIFICATION	CAUSE (Disease or injury that initiated avents reaulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):				
- 11	PART ii. Other significant conditions	contributing to death but	not resulting in the	underlying cause giver	in Part I. 24s. WAS AN A	UTOPSY 2	4b. WERE AUTOPSY FINDINGS
: MEDICAL		al			PERFORM 1 TYES 2	AEQ?	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IA	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		
SIC	EXAMINER?	HOSPITAL:		IER: Nursing Home 50 Resider			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED	
D BY	2 Accident Investigation 3 Suicida 6 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	Af home, farm, street,	1 YES 2 NO	28f. LOCATION (Street and	d Number or Rura	al Route Number,
<u>=</u>	4 Homicide datarminad				City or Town, State)		
COMPLETED	(Check only	CIAN: To the best of my knowledg	a, death occurred at to	ha time, deta and place, and my opinion, death occured at	due to the cause(a) and mann the fime, data and piece, and	er as stated. due to the cause	e(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	SOLA	len	29c. LICENSE	NUMBER 45	29d. DATE SIGNI	ED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO		(ITEM 27) (Type, Print)				1.1101
	Robert Batsle		1438 D	efense Hig	ghway, Gamb	rills	, MD
	NOV 1 8 1991	Julia Davidson-P	anders)				

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The Property of 37			
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		State of the state of	HILLAND THE HILVON

as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by 10 THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

215-0020

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

FOR 1 STATE		MANTLAND / D	EPARTIN	MENT OF H	HEALTH /	AND MEN	ITAL HYGIEN		32850
REGISTRAR		CEF	RTIFIC	ATE OF	DEAT	Н	REG. NO	-	
1. DECEDENT'S NAME (First, Middle, Li	James	Ellis	D:	ietz			DATE OF DEATH	78 6	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last bit	-	F UNDER I YEAR	IF UNDER 2		ATE OF BIRTH		BIRTHPLACE (State or Foreign
579-18-7636	1 SM 2 F	70	YRS. MO	ONTHS DAYS	HOURS		Month, Day, Year)		country) Pennsvlvania
9e. FACILITY NAME (If not institution, gr	ive street and number)		98	b. CITY, TOWN (OR LOCATION		J. O. O. g. ali. J		Y OF DEATH
5 201 Skipper 1	Lane			Ches	tor			03304	A 20 20 0
RESIDENCE OF DECEDENT								<u>wue</u>	en Anne
<u> </u>			Oc. CITY, II	OWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
	ieen Anne	3		Chest					1 TYES 2 MO
	7			101	. ZIP CODE				N OF WHAT COUNTRY?
201 Skipper					216.				.A.
	FORCES?	NT EVER IN U.S. ARMED)	If yes, sp	ecify Cubsn,	Mexicen, Pur	RIGIN? (Specify Yes	or No-	. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced		MAR OR DATES			2 NO				Specify:
15. DECEDENT'S E	EDUCATION	16e, DECED	DENT'S USI	UAL OCCUPATION	DN MC		16b, KIND OF BUS	THESE WARDING	White
(Specify only highest gi		(Give I	kind of work	done during mo	st of working		166. KIND OF BUS	INESS/INDUS	TRY
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5	+)	ache				Dubli	- Cal	
17. FATHER'S NAME (First, Middle, Last)			done	1	18 MOTHE	B'S NAME (F	Publi Irst, Middle, Maiden		001
U Owen O. Diet	- 100								
194 INFORMANT'S NAME (Frontier)	.74	19b, M	AILING AD	DRESS (Street A	A T.I	Burnt Bouter	Number, City or Town	man P	arrish
Anna Virgini	a Dietz								
29s. METHOD OF DISPOSITION		20b. PLACE AND					hester		21619 y or Town, State
UC Buriel_2 ☐ Cremetion 3 ☐ R 4 ☐ Defiation 5 ☐ Other (Specify)	emovel from State	cemetery, cremete	ory or other	plecel		11/	20		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	There	emet	22. NAME AN			An	napol	is, MD
Marglat	1.14	1	/				1 Chap	el	21401
produce	HIM	you		747 (370110	acta	n St	Annan	olis MD
23. PART I. Enter the diseases, a shock, or heart failure.	or complications the rs. List only ons car	se on such line.	. Do not	entsr ths mo	de of dylng	, auch sa	cardisc or reapi	ratory arres	Approximate
IMMEDIATE CAUSE (Finel	0/		5	14.	1				Intervel Betwesn Onset and Dssth
disease or condition reaulting in death)	8.	remone	0	Tue	nu	ung			Lymo
	DUE TO	(OR AS A CONSEQUE	NCE OF):	1		U			0.
Sequentially list conditions,	b			4					
If any, Isading to immediats cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUE	NCE OF):						
CAUSE (Disease or Injury	C. DUE TO	OR AS A SOMETOME							
thet initisted events resulting in desth) LAST	502 10	(OR AS A CONSEQUE	NCE Orj:						
5	d								
DART II ON III	dions contributing to	desth but not resu	iting in th	he Undsrlying	cause giv	en in Part	24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DART II OM	d.	desth but not resu	iting in th	he undsriying	g cause giv	en in Part	PERFOR	MED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
DART II OM	d.	death but not resu	illing in th	he undsriyinç	g cause giv	en in Part	24e. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DART II OM	d.	desth but not resu	illing in th	he undsriying	j cause giv	en in Part	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
DART II ON III		desth but not resu	niting in th				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DART II ON	HOSPITAL:		01	28. PL	ACE OF DEA	TH (Check onl	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DART II ON	HOSPITAL: 1 Inpatient 2 26e. DATE OF	ER/Outpatient 3 0 (DOA 4 C	28. PL	ACE OF DEA	TH (Check onli	PERFOR 1 YES 2 y one) Other (Specify)	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D	ER/Outpatient 3 0 (DOA 4	28. PL THER: Nursing Home 28c. INJU	ACE OF DEA	TH (Check online)	PERFOR 1 YES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PART II. Other significant condit	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O	ER/Outpatient 3 [[INJURY ay, Year) 28	DOA 4 C	28. PL THER: Nursing Home F 28c. INJ WOI M 1 1 Y	ACE OF DEA	TH (Check onl) lence 6 () 28d.	PERFOR 1 YES 2 y one) Other (Specify) DESCRIBE HOW IN	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PART II. Other significant condit	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpatient 3 0 (DOA 4 C	28. PL THER: Nursing Home F 28c. INJ WOI M 1 1 Y	ACE OF DEA	TH (Check online) Jence 6 (28d.	PERFOR 1 YES 2 y one) Other (Specify) DESCRIBE HOW IN	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PART II. Other significant condit	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF (Month, D) 28e. PLACE O building,	ER/Outpatient 3 28 INJURY 28 ay, Year) FINJURY — At home, etc. (Specify)	DOA 4 TIME OF INJURY	28. PL THER: Nursing Hom F Wol 1 Y N, fectory, office	ACE OF DEA	TH (Check online) Sente S C C 28d. NO 26f. (PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a. Cify or Town, State)	JURY OCCUR	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PART II. Other significant condit	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building, YSICIAN: To the best of	ER/Outpatient 3 C INJURY 28 ay, Year) 28 FINJURY — At home, etc. (Specify) my knowledge, death of	DOA 4 CONTROL OF THE O	28. PL THER: Nursing Home F 28c. INJU WOI 1 Y t, fectory, office	ACE OF DEA	TH (Check online) lence 6 C C 28d.	PERFOR 1 YES 2 Ther (Specify) DESCRIBE HOW IN COCATION (Street a. Cify or Town, State)	MED? JURY OCCUR IN ON THE PROPERTY OF SERVICE OF SERV	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Rural Route Number,
PART II. Other significant condit	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building, YSICIAN: To the best of sines.	ER/Outpatient 3 C INJURY 28 ay, Year) 28 FINJURY — At home, etc. (Specify) my knowledge, death of	DOA 4 CONTROL OF THE O	28. PL THER: Nursing Home F 28c. INJU WOI 1 Y t, fectory, office	ACE OF DEA	TH (Check online) lence 6 C C 28d.	PERFOR 1 YES 2 Ther (Specify) DESCRIBE HOW IN COCATION (Street a. Cify or Town, State)	MED? JURY OCCUR IN ON THE PROPERTY OF SERVICE OF SERV	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND

WHO CONPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ralph E. Libby, M.D. Po Box 458 Grasonville, Md. 21658 The Thords grayendell

29d. DATE SIGNED (Month, Day, Yeer)

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	s marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	
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	Bessi	ie	De	elain	DEA		MONT	OF DEATH D	AY	YEAR	TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs last i	birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPLA	CE (State or Forei
074-14-0203	1 🗆 M 2 💢 F	84	YRS.	MONTHS DAYS	HOURS	MIN.		, Day, Year)		Country)	Va.
PENINSULA GEN		PITAL		96. CITY, TOWN			ATH		1	TY OF DEATH	
Va. ACC	omack		10c, CITY	Parks							. INSIDE CITY LIMITS?
P.O. Box 646					1. ZIP COD				10g. CITIZ	EN OF WHAT	
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12, WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 NO MAR OR DATES	IED)	If yea, s	CENDENT CONTROL OF A PARTY OF A P	en, Maxica	n, Puarto I	? (Specify Yas	or No—	Black, Wh	American Indian lita, atc. Black
15. DECEDENT'S EDU (Specify only highest grade Etamentary(Secondary (0-12)	JCATION e completed) College (1-4 or 5 d	(Give	EDENT'S I	USUAL OCCUPAT! rork done during me retired.)	ON ost of worki	ing	16b.	KIND OF BUS	SINESS/INDU	JSTRY	
7th Grade	Conlege (1-4 or 5 4		Do	omesti	0			Hou	sewo	ork	
7. FATHER'S NAME (First, Middle, Last)	Jacob	Shrieve	S		18. MOT	HER'S NA	ME (First, A	Lula	Sumame) Warr	ner	
Oliver Matt	hews	19b.	MAILING P.	ADDRESS (Speed B)	ond Numbe	or or Rural I	Route Numb	3308	n, State, Zip (Code)	
Kulh E.	whaste	m		Whar	- 0 22	W 0477	A TO CALLED				
3. PART I. Entar tha diseases, or abock, or heart failure.	complications that List only one cau	t caused the deat as on asch line.	th. Do no	ot enter the mo	da of dy	ing, suci					Approximat
3. PART I. Enter the diseases, or ahock, or heart failure. MMEDIATE CAUSE (Final lisease or condition esulting in death)	a	t caused the deat as on asch line.	des	ot enter the mo	da of dy	ing, suci					Approximat
MMEDIATE CAUSE (Final lisease or condition	a. DUE TO b. DUE TO c.	andine	JENCE OF	l Fo	da of dy	Ing, such					Approximat
MMEDIATE CAUSE (Final lease or condition esulting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated avents	a	(OR AS A CONSEOU	DENCE OF	l Fa	14	/z	has card		AUTOPSY MED?	24b. WER	Approximatintarval Bet Onset and State Onset
MMEDIATE CAUSE (Final lease or condition esulting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated avents esulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSEOU	DENCE OF DEN	the undarityin Hear Thurse 20. Pi	g cause ;	given in all was	has card	24s. WAS AN PERFOR	AUTOPSY MED?	24b. WER	Approximatintarysi Bet Onset and is nata
MMEDIATE CAUSE (Final leease or condition esulting in death) requentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events esulting in death) LAST ART II. Other algnificant conditions are under the conditions of the co	a. DUE TO b. DUE TO c. DUE TO d	GOR AS A CONSEOU COR AS A COR AS A CONSEOU COR AS A CONSEOU COR AS A COR	DOA	the undariyin Hean Mulan Purper 28. Pi	g cause ;	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WER	Approximatintarysi Bet Onset and is nata
MMEDIATE CAUSE (Final leease or condition esulting in death) dequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated events esulting in death) LAST ART II. Other algnificant conditions are the conditions of the conditio	a. DUE TO b. DUE TO c. DUE TO d	GOR AS A CONSEOU GOR AS A CON	DIENCE OF DENCE OF DE	the undariyin Hean Muran OTHER: 4 Sec. INJ OF 28c. INJ	g cause g	given.in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERAWAI CON DF t	Approximatintarval Bet Onset and State Onset
MMEDIATE CAUSE (Final leease or condition esuiting in death) requentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated events esuiting in death) LAST ART II. Other algnificant conditions are incomediated in the condition of the conditions are in t	a. DUE TO b. DUE TO c. DUE TO d	GOR AS A CONSEOU GOR AS A CON	DOA DOA INJU	the undariyin Hean Man OTHER: 4 Nursing Horn OF 28c. INJ. WY M 1 1	g cause g	given.in	Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED? NO	24b. WER AWAL COM DFT 1	Approximatintarval Bet Onset and State Onset
MMEDIATE CAUSE (Final leease or condition esulting in death) dequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events esulting in death) LAST ART II. Other algnificant conditions are included in the conditions of	a. DUE TO b. DUE TO c. DUE TO d	GOR AS A CONSEOU (OR AS A CON	DOA DOA DOCUTTED TO COCUTTED T	the underlyin Heave Market 28. Pi OF Best indiget Treet, factory, office at the time, data	g cause ; ACE OF D a 5 Re URY AT RK? and place	given.in	Part I. Par	24s. WAS AN PERFOR 1 YES 2 TION (Street a r Town, State)	AUTOPSY MEO? NO NJURY OCCU	24b. WEF AWAI AWAI TO COM DE E 1	Approximatintarval Bet Onset and it onset and it onset and it of the control of t
MMEDIATE CAUSE (Final leease or condition esulting in death) dequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events seulting in death) LAST ART II. Other algnificant conditions are in the conditions of the condi	a. DUE TO b. DUE TO c. DUE TO d	death but not res Cor as a conseou (or as a conseou death but not res Cor as a co	DOA 28b. TIME INJU	the undariyin Hean The property of the time, date in the undariyin Hean And Property 28. Pi OTHER: 28. Pi WC M 1 1 1 Treet, factory, office d at the time, date in, in my opinion, d	g cause g ACE OF D a 5 Re URY AT RK? ges 2 and place eath occur	given.in	Part I. Par	24s. WAS AN PERFOR 1 YES 2 TION (Street a r Town, State)	AUTOPSY MEO? NO NJURY OCCU	24b. WEF AWAI AWAI TO COM DE E 1	Approximatintarval Bet Onset and it onset and it onset and it on the control of t

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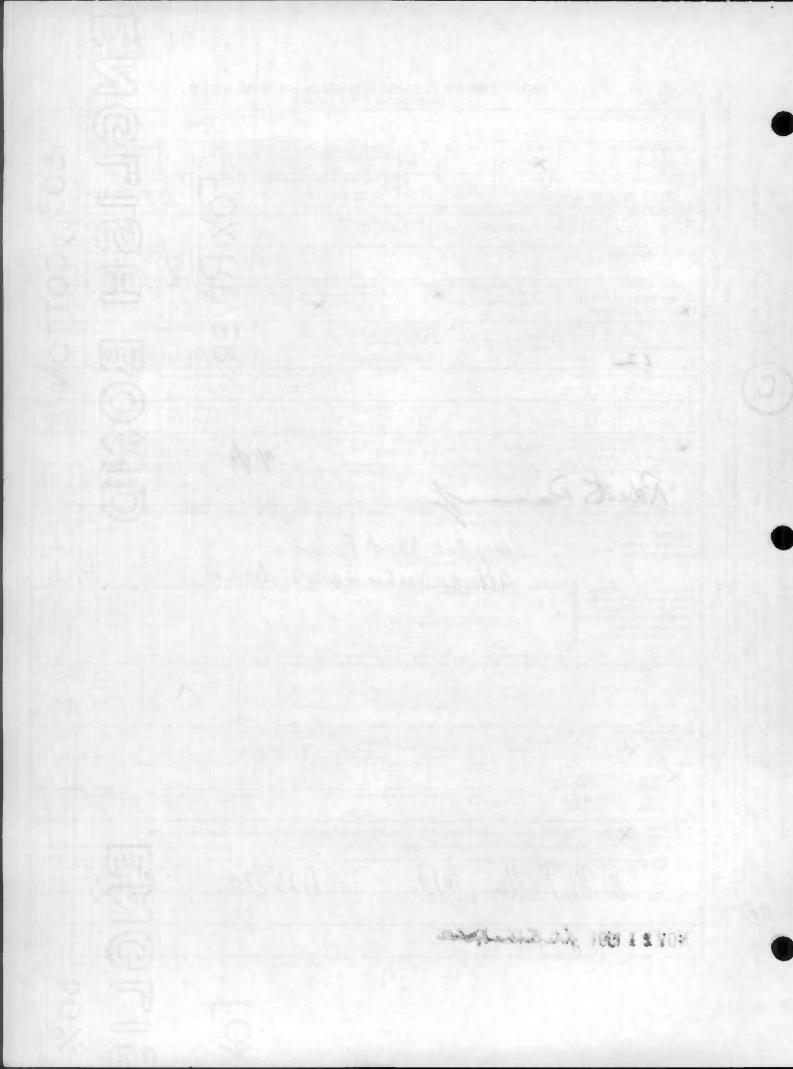
tal or attending physician. d for use as the burlal-transit permit. Pages 1, 2, 3 should

D 21215-0020

FOR STATE REGISTRAR

	Vilbur	Middle, Last)	Washingt	on	Ell	Lison	n			2. DATE OF DEATH MONTH 11/1	7/91	YEAR	2:00a M	
1000	AL SECURITY NUMB	-	5. SEX 6.	AGE (In yrs. In	11000	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	00	8. BIRTH Count	IPLACE (State or Foreign	
	2107 Bay	Drive	reet and number)					Olis	ON OF DE	ATH		nne a	Arundel	
10a. STAT	7	10h COUNTY	ne Arundel		10c. CIT	napo	ORLOCA DIIS	TION	IS	1 52	10d. INSIDE CITY LIMITS? 1 ☐ YES 2			
10e. STR	2107 Bay	Drive			10f. ZIP CODE 214					401	JENSEY	WHAT COUNTRY?		
3 8 Wie	ITAL STATUS ver Merried 2 [12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 🔀	2 5010 If yes, specify Cuban, Maxican					n, Puarto Ricen, etc.	E — American Indian, k, White, atc.			
Element 17. FATHE	15. DEC (Specify only entary/Secondary (0	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5+)	16a. D	ECEDENT'S Give kind of vi e. Do NOT us Supe:	work done se retired.)	during mo	st of workin	g	166. KIND OF	BUSINESS/IN		vice	
17. FATHE	17. FATHER'S NAME (First, Middle, Last) Thomas Ellison									ME (First, Middle, Mai Stinchcor		12		
190, 100	ormant's name of		wis	1	2110				or Rumil I	Route Number, City or Annaj	Town, State, Z		MD 21401	
1 DKBur	THOD OF DISPOSITI	n 3 🗆 Remo	oval from State		E AND DAT			l (Name	,	4/19/G G	LOCATION - Len Bu	rnie	, MD	
21. SIGN	Afres	1	22. NAME AND ADDRESS OF PAGLITY 495 RICC Barranco Funeral Home Sever											
Sequer if any, cause. CAUSE that ini	plate CAUSE (Fire or condition on gin death) Intially list condition of the condition of t	AS A CONSI	EQUENCE O	Ties	Fa	nder	U las e	disiase)			Onset and Death			
	II. Other algnifica	nt condition	es contributing to d	aath but not	reaulting	in the u	nderlylr	g cause (given in	PER	S AN AUTOPS	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS	CASE REFERRED T	O MEDICAL						LACE OF D	EATH (Ch	eck only one)				
7 1 1 27. MANI	YES 2 NO INER OF DEATH Natural 5	Pending	HOSPITAL: 1 Inputlent 2 E	NJURY	28b. TIA	1	28c. IN	JURY AT ORK? YES 2		8 Other (Specify) 28d. DESCRIBE H		CCURED		
3 4	Suicide 8	Could not be determined	INJURY — At I	nome, farm,	street, fa	ctory, offi	ca		28f. LOCATION (St City or Town, S		er or Rural	Route Number,		
29e. CEF (Che one)	eck only	1 - 1 - 1 - 1	CIAN: To the best of m										(a) and manner as stated.	
289. 910	MATURE AND TITLE	111	Mulhin	. m	2			29c. UC	ENSE NU	MBER 375	29d. DA	TE SIGNE	D (Month, Day, Year)	
30. NAM	ME AND ADDRESS O	F PERSON WH	O COMPLETED CAUSE	OF DEATH (IT	EM 27) /5m	o Delett		10				-		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	1 - STATE REGISTRAR		MARYLAND C	ERTIF	ICAT	E OF	DEAT	H		EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last				-				2. DATE OF	DEATH	YEAR	3. TIME OF DEATH
	Esther				7	as	-		NOVER	bs-	100101	400
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	PIRTH W. Mari	8. BIRTI Count	IPLACE (State or Foreign
	216-14-2472	1 M 2 F	71	YAS.	MONTHS	UNIS	NOUNS	mere.	9/16	/1920		ryland
	9a. FACILITY NAME (If not institution, give				9b. CITY	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH
DIRECTOR	PENINSULA GE	NERAL HOS	PITAL		S	ALISI	BURY				WICOM	IICO
5	RESIDENCE OF DECEDENT											
R	10a. STATE 10b. COUN			10c. C/1	Y, TOWN	OR LOCATIO	N					10d. INSIDE CITY LIMITS?
	Maryland Wo	orcester			B	erlin						1 YES 2 NO
A	10e. STREET AND NUMBER					101, 2	IP CODE			10	Og. CITIZEN OF Y	WHAT COUNTRY?
E	Rt. 50 & Rt.]	113					21	1811			USA.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DECE			IIC ORIGIN? (S	pacify Yan or		Américan Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO		Il yea, spec	Ify Cuber	n, Maxica	n, Puarto Ricar	n, aic.)	Bleci Spec	
9	15. DECEDENT'S ED	IICATION .			1							White
	(Specify only highest grad		(G	aive kind of	work done	CCUPATION during most	of working	g	18b. KIN	D OF BUSINE	ESS/INDUSTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)	Do NOT u	- '							
COMPLET	12			Hom	emak	er				Owr	1 Home	
8	17. FATHER'S NAME (First, Middle, Last)						IS. MOTH	ER'S NA	ME (First, Middle	e, Maiden Surr	name)	
BE	Harry W. W	ard					E	Euni	ce Mer	rill		
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street and	Number	or Rural F	Route Number, C	lity or Town, Si	tete, Zip Code)	
F	M. Craig East								isbury			21801
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	SITION /Neme	of		DATE		ION — City or To	
	1 X Burlai 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	moval from Stata	old. S	Choo	her place!	ntist			21			Maryland
	21. SIGNATURE OF FUH MAIL SERVICE U	CENSEE	7224	0.100.	-	NAME AND		S OF EA	1	DIIOM	117777	Taryland
	16. 14	6// .			I	Denni	s Fu	iner	al Home	е		
	23. PART I. Enter the diseases, of	Mayus				110 F	rank	lin	St 5	Snow H	Hill, Mo	1. 21863
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSECUTION OF AS	UENCE OI	P: Fi:	Very	hás	D.	Infa	· ofan		Onset and Death
MEDICAL	PART II. Other significant condition	ns contributing to	desth but not r	resulting of	/,]	seon		20	La .	WAS AN AUTO PERFORMED YES 2 :	0?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	E OF DE	ATH (Che	ck only one)			
ה	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 Res	Idence i	6 Other (Spe	solk()		
DY PHYSICIAN:	27. MANNED OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF (Month, Da	INJURY ay, Year)	28b. TIM INJ		28c. INJUR WORK 1 YES	Y AT		28d. DESCRIB		RY OCCURED	
3	3 Suicide 8 Could not be determined	28a. PLACE OF building,	FINJURY — At ho atc. (Specify)	ma, Jarm, s	treat, lact	ory, offica			281. LOCATION City or Tox	(Street and A	Number or Rural R	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the best of ax	my knowledga, da amination and/or i	ath occurre	n, in my o	ime, data an pinion, dast	d placa,	and dua t	to the cause(s)	and manner	as stated,	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CHITIFIE	"X X"	·Pha	n	/	2	AL LICEN	VISE NUM	00A	290		Raum, Care Hours
0	30. NAME AND ADDRESS OF PERSON WE	70 5	. CH	AL	/	54	>_	D,	C.ver	siel	2.	Sulah an
	91	32 Fisher 2	SIGNATURE AVIOLON-	andelle								1 %

	1 - FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAI	RTME	NT OF A	HEALTH	AND	MENTA	L HYGIE		3	2854
	1. DECEDENT'S NAME (First, Middle, Last)	s Fos	Ter						2. DATE	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214–34–6209	5. SEX	8. AGE (In yrs. In	ast birthday) YRS.	IF UND	ER 1 YEAR	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)	34	Cour	THPLACE (State or Foreign notry) erside, MD
TOR	9a. FACILITY NAME (II not institution, give some frederick Memoria		al	9b. CITY, TOWN OF LOCATION OF DI Frederick							eder	DEATH	
DIRECTOR	10e. STATE 10b. COUNT					OR LOCA							10d. INSIDE CITY LIMITS?
	MD Frede	erick	rick Sabillasville								10g. CI	TIZEN OF	1 ☐ YES 2 ☑ NO WHAT COUNTRY?
FUNERAL	17323 Sabillasvi						2178					.S.A	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. A YES 2 X		13	It yea, sp	CENDENT Concept Control Contro	ın, Mexica	in, Puerto	N? (Specify Y Rican, etc.)	ea or No-	Bla	CE — Amarican Indian, ick, White, atc. White
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	t8a. Di	ECEDENT'S	USUAL	OCCUPATION	ON		16	b. KIND OF B	USINESS/II	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12) 11th	College (1-4 or 5	*)	Give kind of e. Do NOT u OMEMO		e dunng mc	ost or worker	79		own h	ome		
	17. FATHER'S NAME (First, Middle, Lest)	7	T 3							Middle, Maide			
BE	19a. INFORMANT'S NAME (Type/Print)	James R. Lynch Nellie C. Sidler **S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIp Coo											
5	Selma A. King									sber, City or To Summit			14
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE cemetery, cn	AND DATE	OF DISPO	SITION (Na	ame of		DAT	E 20c. L	OCATION -	City or T	
	21. SIGNATURE OF FUNERAL SERVICE LICE James A. Bowe	()	11	loren	22	Grove	e Fun	ss of FA	CILITY L HOT	ne, In	ic.		, PA 17268
NO	23. PART I. Enter the disease, proceeded, proceedings. IMMEDIATE CAUSE (Fine) disease or condition reculting in deeth) Sequentielly list conditions.	rist billy one cer	t coused the delete on each line of the second of the seco	0.	not ente	or the mo	de of dyl	ng, suc	h ss cer	diec or resp	piretory e	rreet,	Approximete intervel Between Onset and Death
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE										
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	s contributing to	death but not	resulting	n the u	inderiying	g ceuse g	liven in	Pert I.	24a. WAS AI PERFO 1 YES	RMED?	241	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF DE	EATH (Ch	ank ant a				
SIC	EXAMINER?	HOSPITAL:	ER/Outpstient 3	DOA	OTHE 4 No	R:	e 5 🗆 Re						
ву рну	27. MANNER OF DEATH 1 Sture 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D.	INJURY	28b. TIM		28c. INJI				SCRIBE HOW	INJURY O	CCURED	
G	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	ome, lerm, s	treel, tac	ctory, office			281, LOC City	ATION (Street or Town, State	end Numbe	er or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of	my knowladge, de	esth occurre	d at the	time, date	and place,	end due	to the car	use(a) and me	nner aa sti	sted. the couse(s) end mennar as stated.
TO BE C	296. SIGNATURE AND SIZE OF GENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	an s	steven A	. Pic			29c. LICE		IBER			TE SIGNED	22-7/

Julia Davidson-Randell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S. P. C. C. C. S. S. DATE FILED (Month, Day, Year)

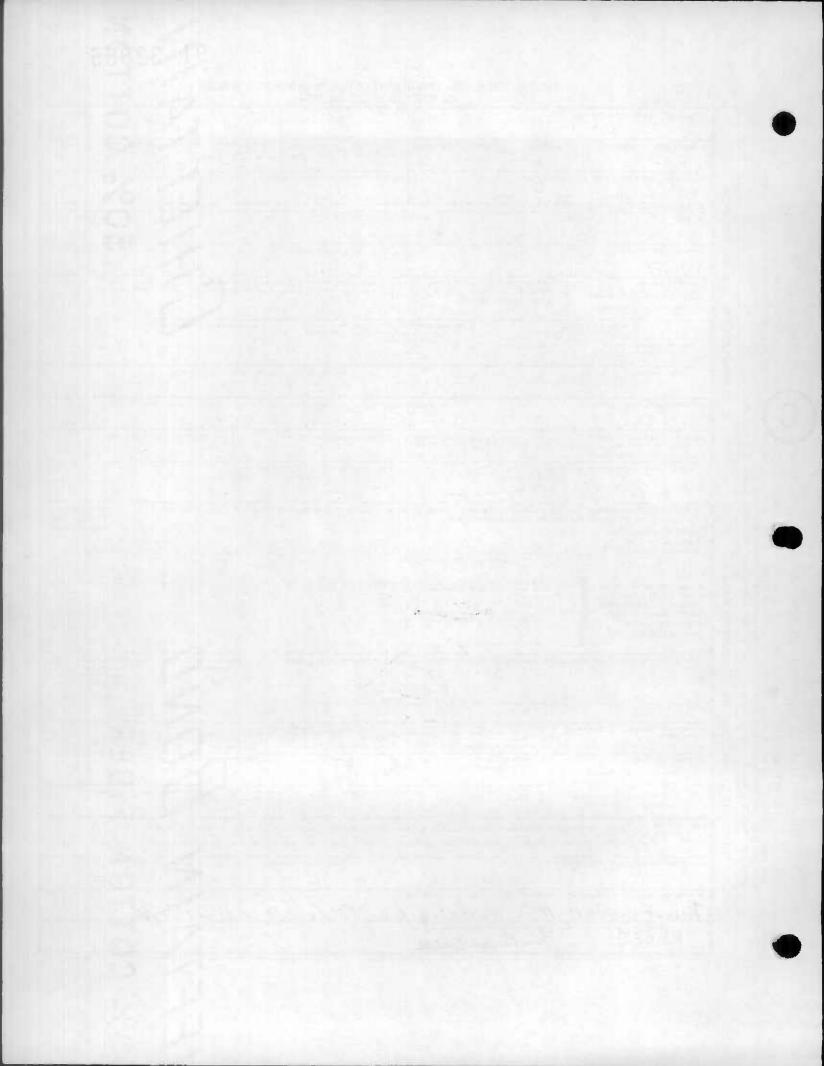
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the fune	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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	1 - FOR STATE OF MARYLA		MENT OF I		MENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last) Rose Mirolli Fish				2. DATE OF DEATH MONTH 11-20-91	Y YEAR	3. TIME OF DEATH 7:45 PM
	178-05-4383 1□M2∑F 9	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE DF BIRTH (Month, Day, Year) 2-12-190	0 Pen	nsylvania
OB	99. FACILITY NAME (It not institution, give street and number) Reeders Memorial Home RESIDENCE OF DECEDENT			OR LOCATION OF DE	ATH	Washi	
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland Washington 100. STREET AND NUMBER	Wil	liamspo	. ZIP CODE		10g. CITIZEN OF	1 YES 2 NO
FUNERAL	13 E.Frederick St.			21795		USA	
8≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN 1 FDRCES? 1 YES IF YES, GIVE WAR DR DAT	2 ND	If yea, at		IIC DRIGIN? (Specify Yee n, Puerto Ricen, etc.)	Bia	CE — American Indian, ck, White, etc. ccly:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondery (0-12) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of w life. Do NOT use HOUSE)	ork done during me retired.)		186. KIND DF BUS		
	17. FATHER'S NAME (First, Middle, Last) Philip	Miro	lli	18. MOTHER'S NA Algeli	ME (First, Middle, Malden S		llani
TO BE	190. INFORMANT'S NAME (Type/Print) Warre G. Fish			and Number or Rural I	Number, City or Town		5
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Removat from State	PLACE OF DISPDS	TION (Name of ce	metery, cremetory or	20c. LDC	CATION — City or	Town, Stata
	4 Donellon 5 Other (Specify).	reenlawn	0SB0	ND ADDRESS OF FA			t,MD 21795
	23. PART I. En tha diseases, or complications that caused how, or heart failure. List only one cause on second disease or condition resulting in death)	the death. Do no ch line.					Approximata Interval Batween Onset and Death
Z	The attending	CDNSEDUENCE OF		feres	<i>9</i>		
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEDUENCE DF):	1			
CERTIFICATION	that initiated eventa DUE TO (DR AS A (CDNSEQUENCE DF):				
	PART II. Other significant conditions contributing to death but	it not reaulting in	n tha underlyin	g cause given in			4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					PERFOR 1 TYES 2	_/2	AVAILABLE PRIDR TO CDMPLETION DF CAUSE OF DEATH? 1 YES 2 ND
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpetient 2 ER/Outpe	itlent 3 🗆 DDA	OTHER:	LACE DF DEATH (Ch	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME	OF 28c. IN	JURY AT DRK? YES 2 ND	28d. DESCRIBE HOW II	NJURY OCCURED	
ED	3 Suicide 6 Could not be detarmined 28a. PLACE DF INJURY building, atc. (Specific	— At home, ferm, s fy)	treet, factory, offi	:0	28f. LOCATION (Street a City or Town, State)	nd Number or Rura	il Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do the best of my knowled one)						e(s) end menner ee stated.
88	29b. SIGNATURE AND TUTLE DF CERTIFIER AND TUT)		325/6	MBER	29d. DATE SIGNI	ED (Month, Com, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAR ROBERT GUEDENET M.D. 100 (reting		redysvi	Ite MD 2	2/756	2
	31. DATE ELLED Month, Day, Your) 32. REGISTRAR'S SIGNA Julia Savidson	Pandale.					



BALTIMORE, WARYLAND 21215-0020

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200	en	50	ho
24	pe 9	D.	3
9	has	0	2 1
	ate	tate	ten
	rtific	e S	10
3	Ce	th th	p.
-	this	Wil	rke
the interior life is a required that the death continues be executed within 24 Hours are used.	ifter this certificate has been signed by the attending physician and completely filled in by the funeral demandary and its funeral demandary and it	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner man be made and

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

THE HOSPITAL OR ATTENDING I THE FUNERAL DIRECTOR: After filed within 72 hours after death

223

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IMPORTANT: If item

BE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO RATHERINE V. FRUSHOUR 2. DATE OF DEATN 3. TIME OF DEATN YEAR 91 0114 M 20 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Yea. 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 FF 214-09-8577 83 9-15-08 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Smithsburg 1 YES AND NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 13328 Wolfsville Road 21783 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No-If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, Whits, slc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify White 1 TES TONO Specify ETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Sewing Machine Operator Pangborn Corp. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles F. Smallwood Gertrude May Hornbaker BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kenneth Frushour 13436 Wolfsville, Md. Smithsburg, MD 2178 20s. METHOD OF DISPOSITION
1 St Burlal 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Haven Cemetery11-23-20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Rest Hagerstown, MD 21. SIGNATURE OF KUNERAL SERVICE LICENSEE 504 Main St. Ricketts Funeral Home Myersville, 111 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Metastatic Breast reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) Lest most Indittuating DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resuiting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TING 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 | Inpetlant 2 | ER/Outpetlant 3 | DOA OTHER: ng Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide déterminad 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, dats and placs, and dus to the cause(s) and manner as atlated. 2 MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER DZ6523 29d. DATE SIGNED (Month, Day, Year) DUNDO 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) DINOS DELAPORTAS MO 703 DAK HILL ALORUE HAGERTAUN MD 21740 32. REGISTRARIS SIGNATURE doon-handare

12.21.21

35, P.O. BOX 13146, BALTIMORE MARKLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2. Juns after death. Page 6 mm from the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, these second detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25. Furs after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuber filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex

. Pages 1, 2, 3 should

32857 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. 0	ECEDENT'S NAME (First, Middle	le, Last)	471	1.	0 1		Ţ			2. DATE OF	DEATH			3. TIME OF DEATH
1	CHARLES	H	9	alko	rm,					-	6-9		YEAR	N
	16-03-2361		S. SEX	6. AGE (In yr.	s. lest birthday) YRS.	MONTHS	DAYE	HOURE	MIN.	7. DATE OF (Month, D.)	ay, Year) -18		Ball	cimore, MD
9a.	FACILITY NAME (If not institution	n, give stree	et and number)		9b. CITY, 1			TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH		
A I	nne Arunde	L Me	dical	Cente	ī.	Ann	apo	lis				Anne Arundel		
10e		COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	D Ar	nne i	Arunde	1	Ann	apo	lis							1X YES 2 NO
100	STREET AND NUMBER							. ZIP COD	_			10g. CITI	ZEN OF W	HAT COUNTRY?
1	24 Hearne (Cour	t, T-1				2	1401				USA		
13	MARITAL STATUS Never Married 2 Marri Widowed 4 Divorced		FORCES? 1				If yea, sp		in, Maxica	NIC ORIGIN? (S an, Puarto Rica y:		or No—	14. RACE Black Special	, Whita, etc. White White
	15. DECEDEN				. DECEDENT'S	USUAL O	CCUPATI	ON		18b. KI	ND OF BUS	INESS/IND	USTRY	100
	(Specify only high Elementary/Secondary (0-12)	1	Collega (1-4 or 5	+)	(Give kind of life. Do NOT u	work done is a retired.)	during m	ost of work	ng					
				P	ile I	riv	ing				Ma	arit	ime	
17.	FATHER'S NAME (First, Middle,	Last)			31	10.7		18. MOT	HER'S NA	ME (First, Mide	die, Maiden	Surname)		
C	harles Henr	·y G	·aham	Sr.		10			del					
19a	. INFORMANT'S NAME (Type/Pr	rint)								Route Number,				
	ugusta Lou:	ise	Graham									100		MD 21401
1 E	METHOD OF DISPOSITION Burial 2 Cremation 3 Donation 5 Other (Special Control Contro	ify)		oth	er place)	Ce	met	ег.у				idso		un, Stata
21.	BIGHATURE OF FUHERAL SET	NICE LICEN	11/1	//.		Н	aı.d		7 Fu	neral Ave				
Se	seese or condition euiting in deeth)	6.		O (OR AS A CO			XX	ASO.						77100
if ca C/ th	any, leeding to immediete use. Enter UNDERLYING NUSE (Disease or injury at initisted evente suiting in deeth) LAST	c. d.		OR AS A CO										
-	ART ii. Other eignificent c	anditions	contribution to	doeth hut	not requising	in the tr	a de els de		alues is	Don't l	4a. WAS AN	AUTODOV	120	. WERE AUTOPSY FINDING
25.	one agament c	onditions	contributing to	J death but i	not resulting	, an the d	nderlyn	ig cease	given in		PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25	WAS CASE REFERRED TO ME	DICA!					26.5	N ACE OF	DEATH (C	heck only one)				
25.	EXAMINER?		HOSPITAL:	C 500 1 11		OTHE	R:				Treas.			
	MANDER OF DEATH		284. DATE O	Deciumy 91	28b. TI		28c. IN	JURY AT	□ NO	8 Other (S		NJURY OC	CURED	
	3 Suicide s Coul		28e. PLACE building	OF INJURY I, atc. (Specify)	Al home, farm	, atroot, fac	ctory, offi	ca			ION (Street Town, State)		r or Aural i	Route Number,
29	(Crieck unity		AN: To the best of											a) and manner as stated.
	SIGNATURE AND TILE OF	BU	apy)					29cL	284	MBER 240		29d. DAT	E SIGNES	(Mgrub, Day, Year)
36.	JEHREU D	1794:	S P	SE OF DEATH	nedn	71 ST	4.	Ani	napa	olls	M)	214	9	
31.	DATE FILE NO ACT 8	133	- ন্যুক্ত	APS FIGNATI	Barde BC						- 17			

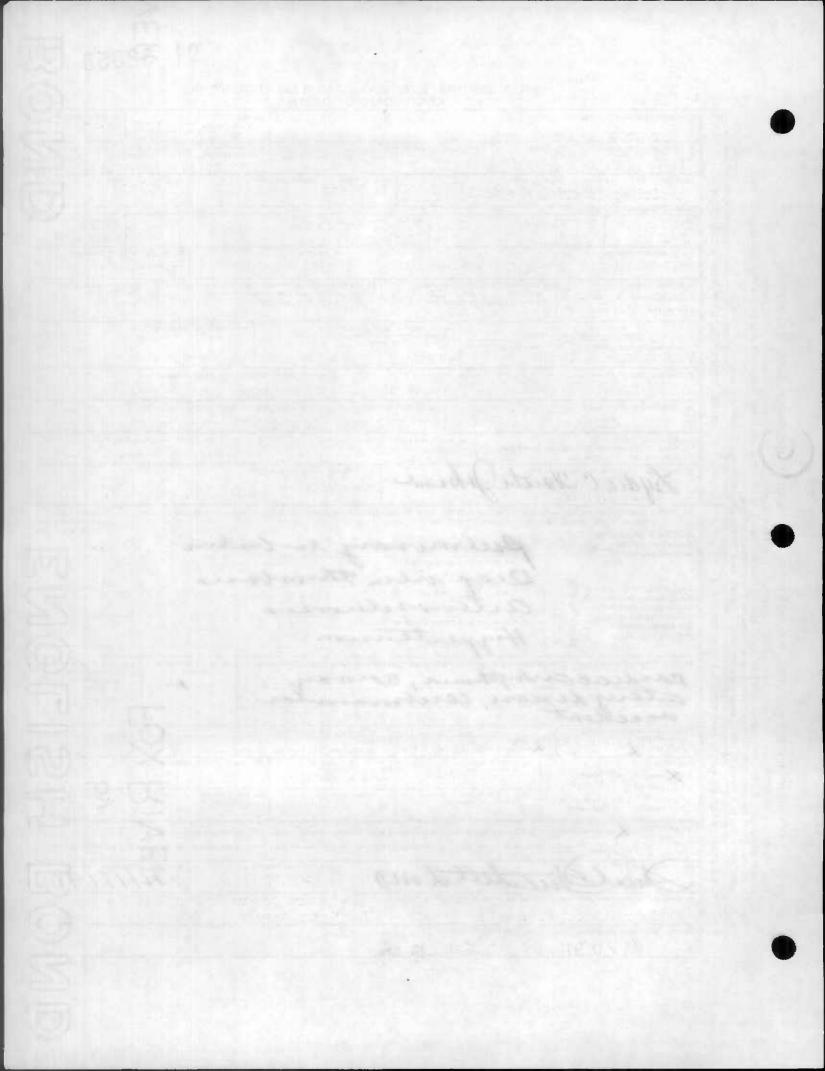
The Sandard Market of the Sandard Market of

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

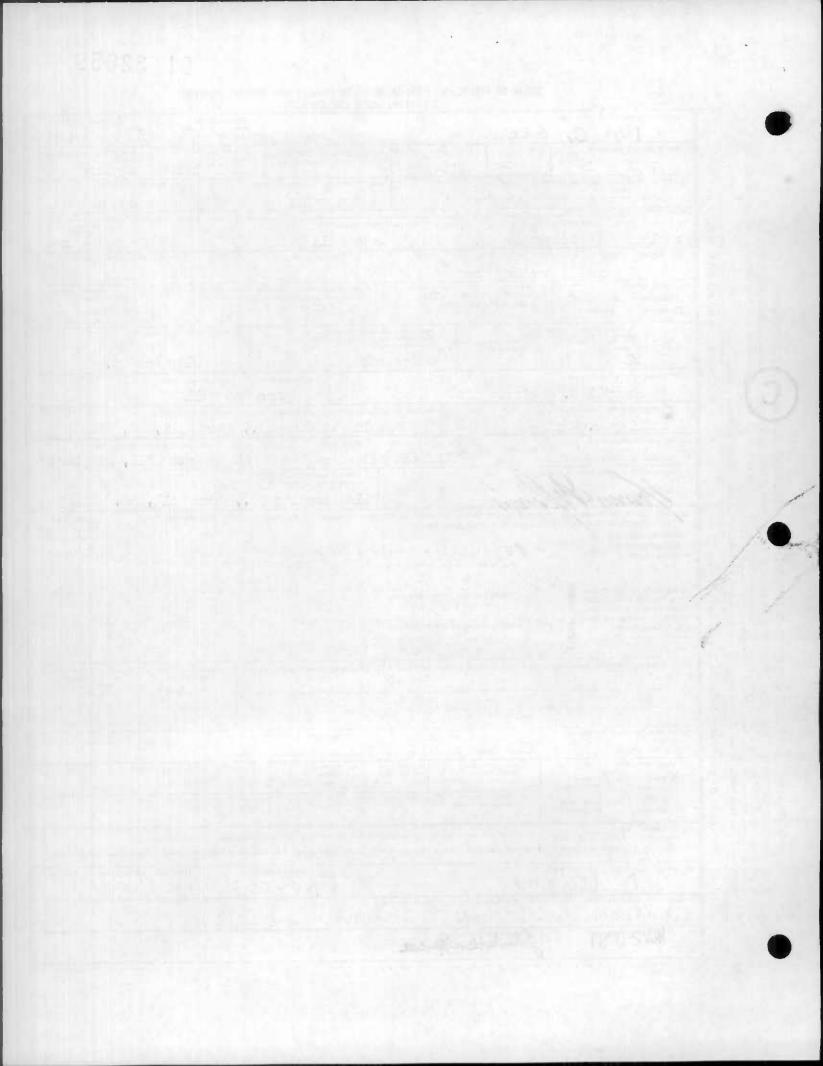
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	CATE OF	DEATH	REG. NO.				
	NONTH 1 DAYO 1 CMPAR 4 0 OF							3. TIME OF DEATH		
	Margaret LENORA DYS	ON		Gant		November "	18, 1991	12:27 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	RTHPLACE (State or Foreign untry)		
	579-44-6310 A 1□M2√F	75	YRS.	IONTHS DAYS	HOURS MIN.	JULY 10.1				
	9a. FACILITY NAME (If not institution, give atreet end number)		OR LOCATION OF D		oc county of Charle	DEATH				
E I	Physicians Memorial Hospi	.tal		La Pla	ta		Charle	35		
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY						1			
뿐		VIT AND					LIMITS?			
	MARYLAND CHARLES		LA	PLATA		1 YES				
BY FUNERAL	#617 POPES CREEK ROAD #D		101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?				
					20646			STATES		
	11. MARITAL STATUS 12. WAS DECEDED FORCES?	2 ★₩O If yes, specify Cuben, Mexic					ACE - American Indien, lack, White, etc.			
	3 △ Wildowed 4 □ Divorced	1 TYES 2 NO Spe			offy:		DT ACIZ			
	15. DECEDENT'S EDUCATION	SUAL OCCUPATI	PATION 186, KIND OF BUSINESS/INDUSTRY							
=	(Specify only highest grade completed)	(1)	Give kind of wo	rk done during m	est of working	IOD. KIND OF BO	SINE SS/INDUSTR			
7	Elementery/Secondary (0-12) College (1-4 or 5 NONE		HOUSEKEEPER			DDTMATE				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			111 1110	PRIVATE 18. MOTHER'S NAME (First, Middle, Maiden Surname)					
	ROBERT DYSON					ILLS DYSON				
BE	19e. INFORMANT'S NAME (Type/Print)	1	OF MAILING A	nnness (Street		Route Number, City or Tow				
2	MARGARET DYSON									
	20e, METHOD OF DISPOSITION			OF DISPOSITION			CATION — City of	LAND 20646		
	1 ⊠ Buriel 2 □ Cremetion 3 □ Removal from Stata	of cemetar	y, crematory o	r other place)	Y					
	4 Donetion 5 Other (Specify)	SACKE	ED HEA		CH CEM.	11/28/91	LA PLA	TA, MARYLAND		
	Ludia C. Shouth	MAL	sul	100						
	LYDIA C. THORNTON JOHN	SON	S201	THORN	TON'S FU	NERAL HOME	, POMON	KEY, MARYLAND		
	23. PART I. Enter the diseases, or complications the			t antar tha m	da of dying, aud	ch aa cardiac or resp	iratory arrest,	Approximata		
	shock, or heart failure. List only one car IMMEDIATE CAUSE (Final	use on aach iin						Interval Batwean Onset and Death		
	disease or condition									
	resulting in death) a. Due 10	(OR AS A CONS	EQUENCE OF	0						
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or as a consequence or) Sequentially list conditions									
일	of any leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST d. Here is a consequence of the consequence of									
	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
Ŋ.				and the second second		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL	1 YES 2 PNO DE DEATH?									
Σ	attery depeare, cerebrorander 1 Yes 2 NO									
ÿ	occident									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (C	heck only one)	- 4.33			
YSI	1 VES 2 NO 1 (Specify)									
PH	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCU									
ВУ	1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO							
	B Could not be building	reet, fectory, offi	office 28f. LOCATION (Street end Num City or Town, State)			per or Rural Route Number,				
	4 Homicide determined									
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and menner as stated.									
M	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner se stated.									
	2% SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUMBER 29d, DATE S		294 DATE SIG	NEST (Month Day Venr)		
BE	AND SIGNATURE AND TITLE OF CENTRIER			7)	29c. LICENSE NUMBER 29d. DATE SIGNES (Month)		110191			
2	new fuelos files					. 0 (/ 1				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 118 La Grange Ave Po Box 1317									
	Paul Pritchett, M.D. La Plata, Maryland 20646 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	MOV 20 91 Suria Sevidor Romas									
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	4./							LIMMH. 18 Hay 1/89		



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	1 - STATE REGISTRAR	STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
	1. DECEDENT'S NAME (First, Middle, La	GREER				2. DATE OF D		YEAR Q /	3. TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER 057 12 3442 9e. FACILITY NAME (# not institution, gir	1 M 2 K F	70 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS.		нтн	6. BIRTI	PLACE (State or Foreign y)	
TOR	PENINSUAL G		SBURY	RY WICOMICO						
DIRECTOR	10a. STATE 10b. COU			now Hi					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	7914 Public Landing Road			101	0f. ZIP CODE 21.863			10g. CITIZEN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 XXNO IF YES, GIVE WAR OR DATES			WIAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N if yea, specify Cuban, Mexicen, Puerto Rican, etc.) I YES 2 X NO Specify:			No- 14. RACE - American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elamentary/Secondary (0-12)	DUCATION ade completed) Collega (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during mo	ON st of working	16b. KIND	OF BUSINESS/IND	USTRY	***************************************	
MP	12		Opera	Operator Tele				ephone Co.		
	17. FATHER'S NAME (First, Middle, Last)	<u> </u>					ME (First, Middle, Maiden Surname)			
띪	Merrill A. 19a. INFORMANT'S NAME (Type/Print)	Unesser				na Mae H				
임	Shirley H. Cr	raige					ly or Town, State, Zip		07.0/0	
	20a, METHOD OF DISPOSITION	206					ow Hill,	_	21863	
	20b. PLACE AND DATE OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Carrylery, crematory on other place). What Coat Method is 20c. Location — City or Town, State 20c. Location — City or Town, State 20c. Maryland									
	21. Highature of Fundal Bernick Licensee 22. Name and address of facility Dennis Funeral Home									
_	Winan 97	Kennes		110 F	ranklin	St., Sr	now Hill,	Md	. 21863	
CERTIFICATION	Approximate that diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or tour failure. List only one cause on each line. Approximate that and better that are a such as a consequence of the consequence of the cause of conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.									
PHYSICIAN: MEDICAL CEI		t conditions contributing to death but not resulting in the underlying cause given in					PERFORMED? 1 YES 2 NO OF		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
	1 Netural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	M 1 Y	RK?	26d. DESCRIBE	HOW INJURY OCCI	JRED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide datermined	26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify)					26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.									
TO BE	Selly M.D.				D 28	2 8 58 7 ≥ 29d. DATE SIGNED (Month, Day, Year)			101	
	E. H. BELLIS 509 S. DIVISION ST. SALISBURY, MD 21801									
2	31. DATE NOVAZAO	32 REGISTRAN'S SIGNA Juna Davidson	-Randell							



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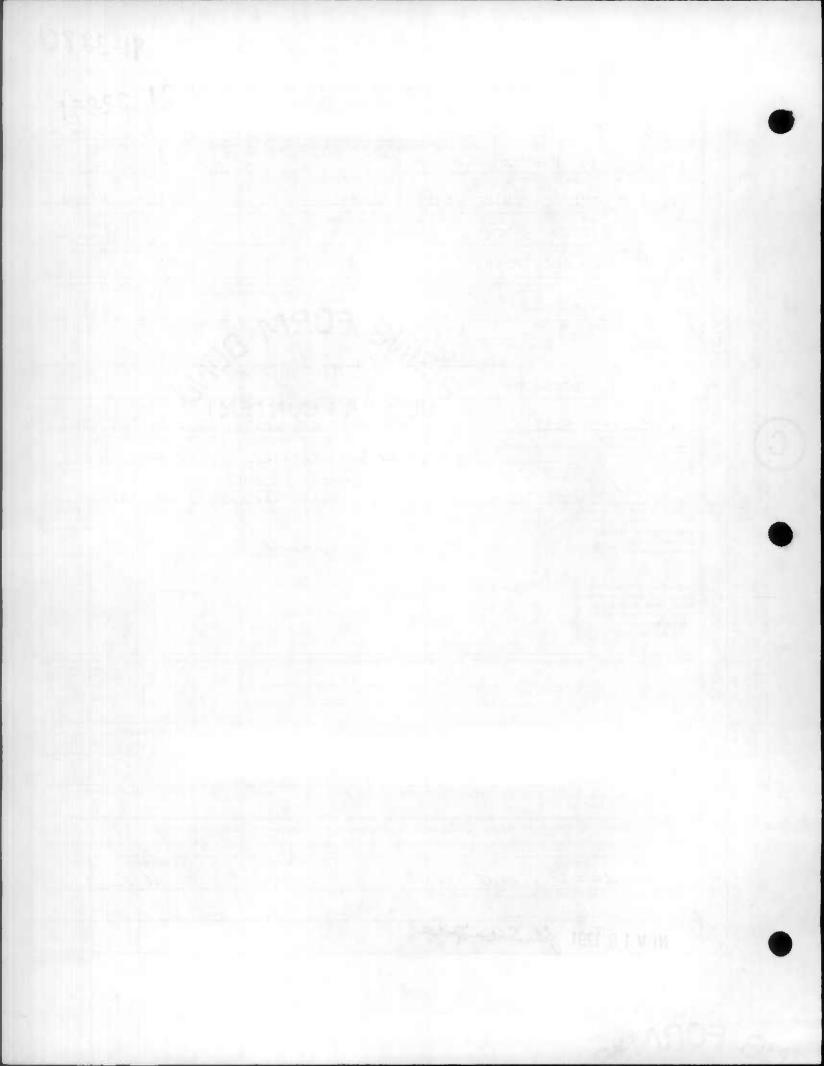
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be required to attending physician and completely filled in by the funeral director, page 5 months and mental Hydrien prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event the mental.

	FOR STATE OF MARYLAND / DEPAR	TMENT OF HEALTH A	ND MENTAL HYCIS		2860			
	1 - REGISTRAR CERTIF	CATE OF DEATH	REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH			
	WILLIAM RUSSELL HARDESTY	MONTH		EAR				
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24	NOV. 14	1 2003	BIRTHPLACE (State or Foreign			
			MIN. (Month, Day, Year)	0.	Country)			
	577-09-7293 1 M 2 F 79 YRS. 9a. FACILITY NAME (if not institution, give street and number)		Aug. 31,	1912	Maryland			
		96. CITY, TOWN OR LOCATION		9c. COUNTY	OF DEATH			
	Anne Arundel Medical Center	Annapol	lis	Anne	Arundel			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY	7, TOWN OR LOCATION						
	31 7 7	nnapolis			10d. INSIDE CITY LIMITS?			
		1 TYES 2 1 N						
FUNERAL	10e. STREET AND NUMBER		10g. CITIZEN OF WHAT COUNTRY?					
E	863 Boatswain Way	27407		TT C A				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED	The state of the s	IISPANIC ORIGIN? (Specify	PANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian.				
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, I	Maxican, Puarto Rican, etc.) Specify:	can, Puarto Rican, atc.) Black, White, atc.				
ВУ	3 Wildowed 4 Divorced	1 1 1ES 2 1M NO	opposity.					
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S	USUAL OCCUPATION	16h KIND OF B	USINESS/INDUST	White			
ᇤ	(Specify only highest grade completed) (Give kind of w Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT us	rork done during most of working e retired.)		001112007111000				
P		utive	Data	il Foo	,			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				a			
			I'S NAME (First, Middle, Maid					
B E	William Marvin Hardesty		th Hellon					
9		ADDRESS (Street and Number or	Rural Route Number, City or To	own, Stete, Zip Coo	te)			
-	Dorothy K. Hardesty 863 B	oatswain Wa	v. Annano	lie MD	27407			
		F DISPOSITION (Name of		OCATION City				
ч	cemetery, crematory or other	oln Cemeter	717 / 7 8					
	3. SIGNATURE OF FUNERAL SERVICE LIGHISEE	22. NAME AND ADDRESS	OF FACILITY	rentwo	od, MD			
	faylor Funeral Chapel							
	I would stry The Innancia Manylond 27407							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as cardiac or resolutions and							
	Interval Batween							
	IMMEDIATE CAUSE (Final disease or condition		Onset and Daath					
	reaulting in death)							
	DUE TO (OR AS A CONSEQUENCE OF):							
8	Sequentially llet conditions, b. Coronary Arity Diserse Yrs							
Ē	If any, leading to immediate							
0	CAUSE (Disease of Injury C. PIVS CLETUS L.							
CERTIFICATION	that initiated evanta DUE TO (OR AS A CONSEQUENCE OF):							
H	resulting in death) LAST							
. (PAGE II Other classification of the control of the							
A	PART II. Other significant conditions contributing to death but not resulting in	en in Part I. 24a, WAS A	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	Childre renal failure	1 YES		COMPLETION OF CAUSE				
	Kidney Stones		2	OF DEATH?				
-	1 TES 2 NO							
Y	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL: OTHER:							
YS	1 Inpatient 2 ER/Outpetient 3 DOA	4 Nursing Home 5 Mailde	enca 6 Other (Specify)					
H H	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Dey, Year) INJURY		28d. DESCRIBE HOW	INJURY OCCURE	D			
BY	1 Netural 5 Pending 2 Accident Investigation	M 1 YES 2 N	0					
	3 Suicide 28e PLACE OF INJURY — At home farm, street factory office							
ш	4 Homicida detarmined building, atc. (Specify)							
4	29a. CERTIFIER AT TEGTIEVING DAVOICIAN, TO A DAVING THE PROPERTY OF THE PROPER							
N N	(Check only The CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner as stated.							
COMPLETED	One) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.							
и	29b. MICHATURE AND TITLE OF CERTIFIER							
m	1 Section of the signed (Month, Day, Year)							
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH/ITEM 27) (Type,		103	11/	13/1/			
	Joseph M. Engin Don D. J. M. M.							
	31. DATE FILED (Month, Day, Voer) 2. 32. REGISTRAR'S SIGNATURE							
	NOV 18 1991 Julia Davidson Landale	A A			7			
	100 TO 1991 Junion 100 100 100 100 100 100 100 100 100 10							

100 1 8 1991 July Street Poster

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENE REG. NO.	91	3200.
1. DECEDENT'S NAME (First, Middle, Lest) ANNIE	=. /HAL.	nie E. H	Hall		2. DATE OF MONTH	DEATH DAY	9	3. TIME OF DEATH
	□ M 2X XF 9	3 YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF (Month, D	Day, Year)		BIRTHPLACE (State or Foreign Country) aryland
Greater Laurel			Laure					ce George
10e. STATE 10b. COUNTY	e George		TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
14912 Belle Ami	i Drive			ZIP CODE			USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN pelfy Cuben, Mexice 2 NO Specify	n, Puerto Ric		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementery/Secondery (0-12)		180. DECEDENT'S U (Give kind of wo life. Do NOT use Homemak	rk done during mo retired.)	N st of working		House	NESS/INDUST	
17. FATHER'S NAME (First, Middle, Last) Daniel W. Robir	nson	Homemar		18. MOTHER'S NA	_	Idle, Maiden S		
19a. INFORMANT'S NAME (Type/Print) C. Winfield Hall 20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	I trom State A:	14912 other place)	Belle ION (Name of cer J. M, 22. NAME AN Harde	Cemetery or Cemetery or Cemeters of FA	rive ry culliv neral	Ball Hom	arel. arion - city arsto	MD 20707 or Town, State W, MD
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)		elden	6			Interval Betwee
PART II. Other significant conditions of	contributing to death b	out not resulting in	ths undsrlyin	g csuss givsn in		24a. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
	IOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)			
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT PROPERTY OF THE PROPERT			JURY OCCUP	RED
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe		reet, factory, offic	•		TION (Street e. Town, State)	nd Number or	Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER:	_							euse(e) end menner ee stated
29b. SIGNATURE AND TITLE OF CERTIFIER	inclut	- mn		29c, LICENSE NU	MBER			IGNED (Month, Dey, Yeer)
Andrew Kundart, 31. DATE FILED (Month, Day, Year) NOV 1 8 1991			Cheri	T		,		20707



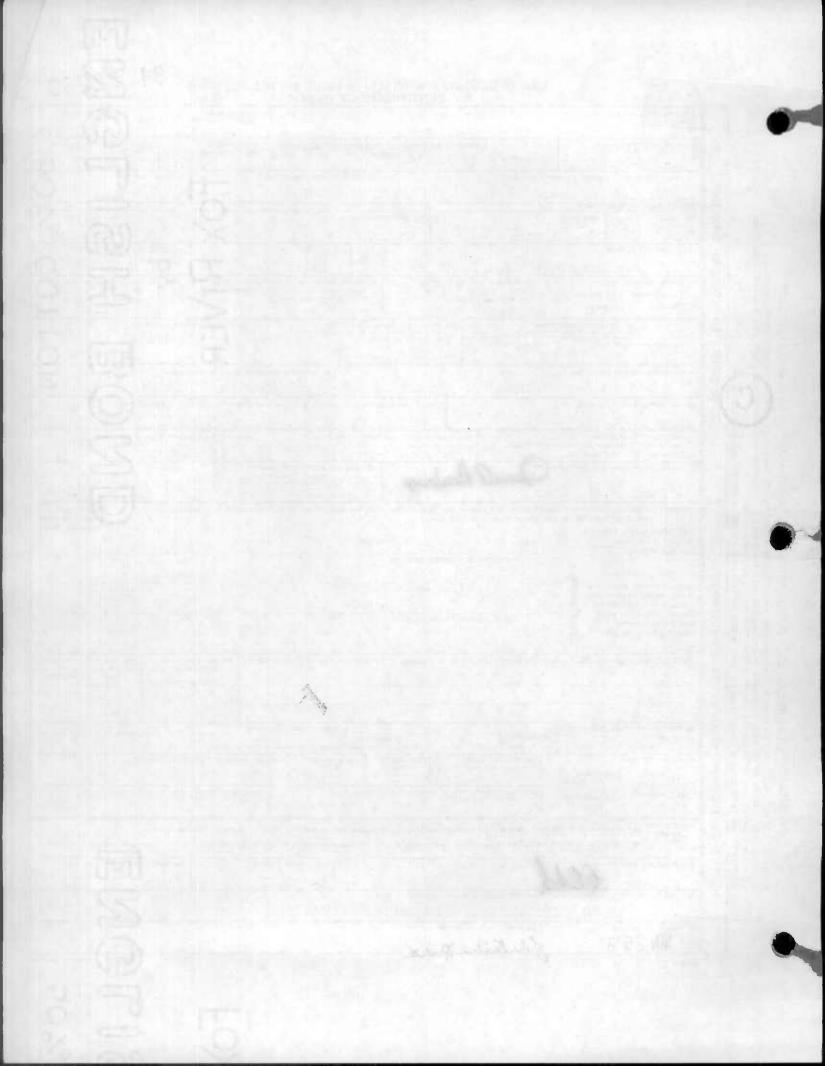
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Dept. of Health and Mental Hygiene prior to burial, cre-	Jury,
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	1 - STATE REGISTRAR	SIA	IE OF M					DEAT DEAT		MENTA	REG. NO				
	1. DECEDENT'S NAME (First, Mic	ddle, Last)									OF DEATH			3. TIME OF DEATH	-
	David Ga	arrett	Hugh	nes						MONT	4	AAA C	YEAR	0515	м
	4. SOCIAL SECURITY NUMBER 214-32-4098	1	2 D F	a. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH		8. BIRTHE	PLACE (State or Foreign	
Œ	98. FACILITY NAME (If not institu	ition, give street and	number)	al Hoer	1+0			on Location		ATH		9c. COUN	TY OF DE	ATH	1
DIRECTOR	RESIDENCE OF DECED		CHOI	ar most	7100	1	Wes	CIIITII	S C E	1. 9	Ma.	Ca	r r o]	-1	
3EC		b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TON					-	10d. INSIDE CITY	
5	Maryland	Carrol	1		We	stm	ins	ter						LIMITS?	
AL	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CITIZ		HAT COUNTRY?	-
띮	209 West D	eep Ru	n Ros	ad				2	115	8		1	JSA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorced	ried FOI	ACES? 1	EVER IN U.S. ARI YES 2 N AR OR DATES	WED O		f yes, sp	ENDENT O), Maxicar	n, Puerto	N? (Specify Ye Ricen, etc.)	s or No—	14. RACE Black, Specify	- American Indian, White, stc.	
ED	15. DECEDE	NT'S EDUCATION		16e, DEC	CEDENT'S	USUAL O	CCUPATIO	ON:		160	. KIND OF BU	CINEGO (INOI	ICTOV	MILLOG	_
COMPLETI	(Specify only hig Elementary/Secondary (0-12)	hest grade complete Colleg	d) e (1-4 or 5+)	(Gh	re kind of Do NOT u	work done (se retired.)	during mo	st of working	g						
MP	12			Me	chi	nist	t			I	Hardw	are 8	c Fo	oundry Co	
8	17. FATHER'S NAME (First, Middle							18. MOTH	ER'S NAM	ME (First,	Middle, Maiden	Sumame)			Т
BE	George W.		S					No	ra I	Hone	eycut	t			
5	Norma J. Hu										ber, City or Tow Vestm			Md.21158	}
	208 METHOD OF DISPOSITION 1-X Buriel 2 Cremetion : 4 Donetion 5 Other (Spe		n State	20b. PLACE A cemetery, crem KIPK	NDDATE	OF DISPOS	ITION (Na	me of		DAT	E 20c. LO	CATION — C	Ity or Tow	n, State	Т
	21. SIGNATURE OF FUNERAL SE		2	VII.K	1,10			DADDRES		LIL/ a	55/7	Mano	ches	ter, Md.	
	J. Hart	l Ess	land	6		I	cki 3296	ard Ch	t Fi	ine i	ral Cl	hapel Manch	nest	er, Md.	
	23, PART i. Enter the disea	ses, or compile: failurs. List onl	stions that	caused the dec	th. Do i	ot enter	the mo	de of dyli	ng, such	as csn	dlec or resp	iratory erre	st,	Approximsts	
	IMMEDIATE CAUSE (Fins)	Tollors, Clar Dill	y ons cau	s on esch lins.										Onsst and Deat	
	disesse or condition resulting in desth)	a	CERE	BRAL		SFARC	TIO	~	REC	URA	ENT			DAYS	
			OUE TO (OR AS A CONSEO	UENCE O	F):									_
NO	Sequentially list conditions	b	PARTE	PIOSCLE OR AS A CONSEO	ROT	10	2/2/21	DIOVA	SCU.	LAR	. DISE	EASE		YEARS	
CATION	if any, leading to immediate cause. Enter UNDERLYING	0	002 10 (OH AS A CONSEC	UENCE U	r):									
	CAUSE (Diseese or Injury that initiated events	C	DUE TO (OR AS A CONSEC	UENCE O	F):	-					_			
RTIF	resulting in death) LAST	1													
CE	DADT il Other eleutiones e													1	
A	PART II. Other significant of							csuse g	iven in F	Part i.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Ď	INSULIN D	EVENDER	, D	ABETES	ME	LLITE	20			-]	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
ME										_				YES 2 NO	
Z Z	25. WAS CASE REFERRED TO ME	EDICAL													
HYSICIAN:	EXAMINER?	HOSP	TAL:			OTHER	l:	ACE OF DE							\exists
Ë	27. MANNER OF DEATH		B. DATE OF I	ER/Outpatient 3	28b, TIM		ing Home 28c. INJU	5 Res	_						
7	1 Natural 5 Pend	fing .	(Month, Day	(Year)		URY	WOI	RK7		280. DES	CRIBE HOW I	NJURY OCCU	RED		
BY	2 Accident Invest 3 Suicide 8 Coul-	itigation 26	. PLACE OF	INJURY — At hom	ie, farm, a	treet, facto				28f. LOC	ATION (Street s	and Number o	Bural Bo	uh Aumber	4
ı ı		mined	building, s	tc. (Specify)						City	or Town, State)		rioral rio	ore regrider,	
ן ל	290. CERTIFIER 1 CERTIFYII	NG PHYSICIAN: To	the heat of n	w knowledge des	th accura	ad at the st	no dete	and alone							4
COMPLETED	(Check only one) 2 MEDICAL	EXAMINER: On the	baels of sxe	mination and/or in	veatigatio	n, in my o	pinion, de	end piece,	d at the t	ime, data	and piscs, an	d due to the	Couse(s)	and menner as stated.	
	29b. SIGNATURE AND TITLE OF							29c. LICE							4
H H	1/mens	9 h		. 1	m	0		DA	166			29a. DATE	1	Month, Day, Yesr)	
2	30. NAME AND ADDRESS OF PER	RSON WHO COMPL	ETED CAUSE	OF DEATH (ITEM	27) (Type.	Print)	-					- //	201	4/	4
	VINCENT I	_ ^		TR		5		< HOR		"	11	-1 1 - m			
	31. OATE FILED (Month, Day, Year)			'S SIGNATURE			-3	7-47/1	3/6-1		() d	-1157			4
	NOV 2 1 '91	4	whia Da	udson-gan	delle										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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REGISTRAR				CERTIFI			EALTH AND I	MENTAL	REG. NO			32863
1. DECEDENT'S NAME (Fit	st, Middle, Last)							2. DATE O MONTH		AY	YEAR	3. TIME OF DEATH
		Georg		Huds				Nov.		19, 1		6:00 P
4. SOCIAL SECURITY NUI		5. SEX 1	8. AGE (In yrs.	. last birthday)	IF UNDER	1 YEAR DAYS	HOURS MIN.		Day, Year)		Country	
261- 44-20:			57	THS.					. 24,	_		dad, FL
9a. FACILITY NAME (# not							R LOCATION OF DE	EATH			NTY OF DI	
25519 Larra		e.			Cas	scao	e, MD		-	was	hing	ton
10a. STATE	10b. COUNTY	Y		10c. CITY	, TOWN O	R LOCAT	ION		34			10d. INSIDE CITY LIMITS?
MD	Wash	ington		Cas	scade	9			ЭC			1 X YES 2 NO
10e. STREET AND NUMBE	R					10f	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
25519 Larra	abee Av	e., Casc	ade, M	D			21719		Œ	U	I.S.A	
11. MARITAL STATUS 1 Naver Married 2	Married	12. WAS DECEDED FORCES?	T EVER IN U.S.				ENDENT OF HISPAN			n or No-	14, RACE Black	- Amarican Indian, , Whita, atc.
3 Widowed 4 Di			MAR OR DATES		1	☐ YES	2 NO Specify	y:			Specia	White
	ECEDENT'S EDU			DECEDENT'S	USUAL O	CCUPATIO	PN .	18b. i	(IND OF BU	SINESS/IN	DUSTRY	1111100
(Specify of Elementary/Secondary	only highest grade	College (1-4 or 5		(Give kind of w life. Do NOT us	rork done o	during mo	st of working					
11th	()			upervi	sor			T	J.S. (over	nmen	t.
17. FATHER'S NAME (First,	Middle, Last)						18. MOTHER'S NA					
		Cerna	1 H. H	udson				Nelli	e Mae	∋ Smi	th	
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Numbe	r, City or Tox	vn, State, Zi	p Code)	
Norma J. H	adson			25519	Lar	rabe	e Ave.,	Casca	de, 1	MD 21	719	
20a. METHOD OF DISPOS 1 ☐ Burlel 2 □ Creme		ioval from State	20b. PL/	ACE ANO DATE	or other o	OSITION	(Name rematori	DATE		CATION -	-	1
4 Donation 5 Oth	ner (Specify)		- 11/2	21/1991	Smi	ths	ourg		Smi	thsb	urg,	MD
21. SIGNATURE OF FUNE		domes	A. Bra	Janas			o Address of FA		e. Inc			
James A	. Bower	rsox		serge	5	50 S	. Broad	Stree	t, Wa	ynes	boro,	PA 1726
23. PART I. Enter the	diseess, or	complications th	at ceusad the	death. Do n	ot sntsr	ths mo	de of dying, suc	ch as csrdi	ec or resp	iratory a	rreat,	Approximete
IMMEDIATE CAUSE (I		cist only one co	use on escil	1110.								Oneet end D
disease or condition resulting in death)	→	. Prosta	ate Car	ncer								2 Yea:
		DUE TO	OR AS A CON	SEQUENCE OF	ጉ:		7-45-4					
Sequentielly list cond	ditions.	b										
if any, leading to immosuse. Enter UNDER	nediete	DUE TO	OR AS A COM	ISEOUENCE OF	7):							
CAUSE (Disees or In		c	OR AS A COM	SEQUENCE OF	F):							
that initiated events resulting in death) L/	AST											
		d										
PART II. Other significant	cant condition	na contributing to	desth but n	ot resulting i	in the ur	nderiyin	g cause given in	Pert i.	24a. WAS AI PERFO		24b	WERE AUTOPSY FIND AVAILABLE PRIOR TO
								_	1 YES	2 (XNO		OF DEATH?
												1 TES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	14		OTHE		ACE OF DEATH (CI	heck only one)			
1 TYES 2 THO		1 Inpatiant 2			4 🗆 Nur	sing Hon	e 5 N Rasidenca	_				
27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE O (Month,	Day, Yeer)	28b. TIM	URY	WC	URY AT	28d. DES	CRIBE HOW	INJURY O	CCURED	
2 Accident	Investigation	28a PLACE	OF INJURY /	t home form	ntract fac		YES 2 NO	284 1.004	TION (Street	and Numb	ne or Rural I	Route Number,
3 Suicide 8 (Could not be datarmined	building	, atc. (Specify)	et rioning, mirritt, i	street, rec	tory, ome		City o	Town, State	and Nambe	or Or Murair I	node Namber,
29a. CERTIFIER					-1-4-			336				
(Check only		ER: On the best of										a) and manner and a
0110) 0 0			examination and	uror investigatio	on, in my o	opinion, e			ind place, a			a) and manner as state
2	TE OF PERTITION	9 /					29c. LICENSE NU			29d. DA	TE SIGNED	(Month, Day, Year)
2 M	600	111										
296. SIGNATURE AND TITE S. Shah	. Old	ah .	105 05		01.7		D- 3614	17		N	lov.	21, 1991
29b. SIGNATURE AND TITE S. Shah 30. NAME AND ADDRESS	OF PERSON WI					מל מ		17		V	lov.	21, 1991
296. SIGNATURE AND THE S. Shah 30. NAME AND ADDRESS S. Shah	OF PERSON WI 1030 Fa	irfield	Rd., G	ettysb		PA	D- 3614 17325	17		N	lov.	21, 1991
29b. SIGNATURE AND TITE S. Shah 30. NAME AND ADDRESS	of PERSON WH 1030 Fa	irfield 32. REGISTE		ettysb		PA		17		N	lov.	21, 1991

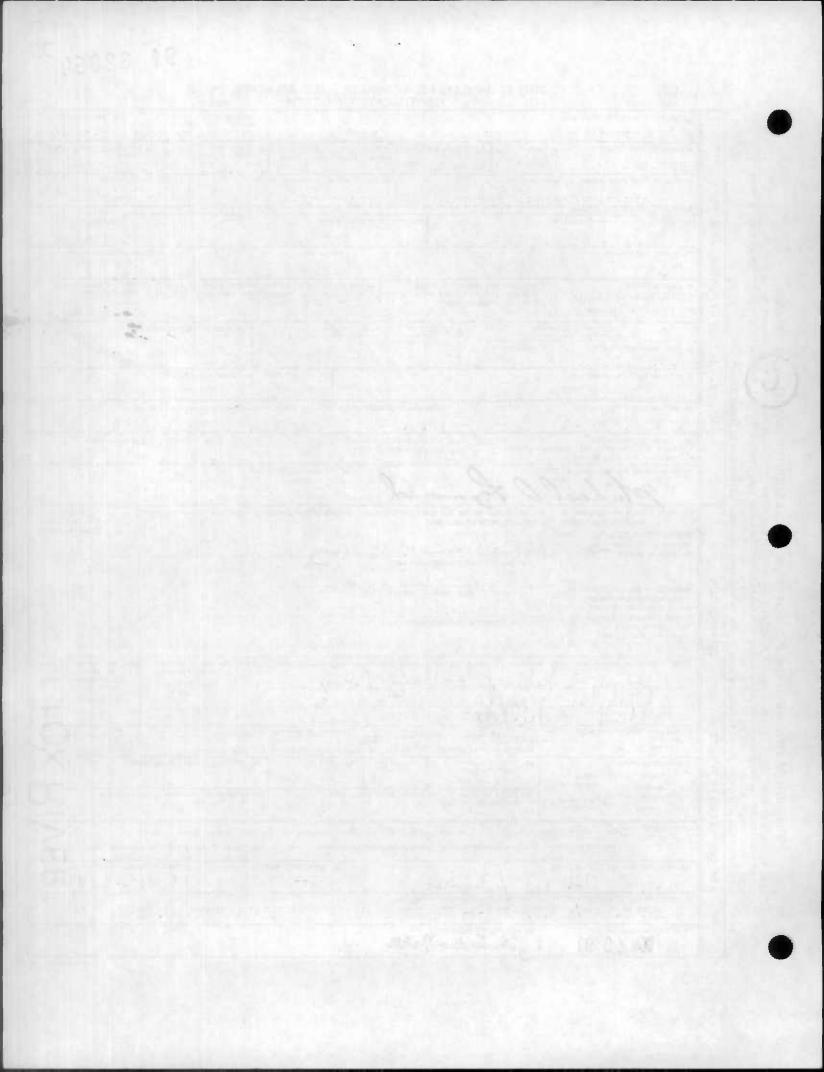
DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

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1 - STATE REGISTRAR	STATE OF MARYI			HEALTH AND	MENTAL HYGIEN REG. NO	E	
1. DECEDENT'S NAME (First, Middle, Last PATRICIA	ANN		JONES	4	2. DATE OF DEATH DOWNTH DOVEMBER	20.199	1 3:32 AM M
4. SOCIAL SECURITY NUMBER 577 - 34 - 2490 9a. FACILITY NAME (If not Institution, give	1 M 2 X F	(in yrs. last birthdey) 64 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) AUG. 27.]	0	IRTHPLACE (State or Foreign ountry) SHINGTON, D. DF DEATH
PHYSICIANS M RESIDENCE OF DECEDENT	EMORIAL HOSPI	TAL	I I.A	PLATA		CH/	ARLES
MARYLAND 10b. COUN	CHARLES	10c, Cl	LA]	PLATA			10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO
RT.#4 BOX 4	12. WAS DECEDENT EVER				ANIC ORIGIN? (Specify Ya	11. S	OF WHAT COUNTRY? A RACE — American Indian, Bleck, Whita, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	1 🗆	YES 2 NO Spe	ican, Puerto Ricen, etc.) oify:		Specify: WHITE
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondery (0-12) H.S.GRAD	OUCATION de completed) College (1-4 or 5 +)	life. Do NOT o	work done during	g most of working	16b. KIND OF BU	SINESS/INDUSTI	AA.
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S I	NAME (First, Middle, Maiden	Surname)	
JOHN K. KENNE 19a, INFORMANT'S NAME (Type/Print)	TT	19b. MAH IN	G ADDRESS (Str		ERINE BAI		io)
RUTH A. JONES 200. METHOD OF DISPOSITION			BOX 29	7 NEWBU	RG MARYLA		664
21. SIGNATURE OF FUNEBAL SERVICE 21. SIGNATURE OF FUNEBAL SERVICE 22. PART I. Enter the diseases, D	D. L	(cemetary, cremator SACRED	AREH	E AND ADDRESS OF IART FUN PLATA MA	FACILITY ERAL HOME RYLAND 20	,INC.	LATA, MARYLA
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE	OF):	un			Interval Between Onset and Deet
PART II. Other significant conditi	ons contributing to death	but not resulting	الم ملا	lying cause given	1 🗆 YES		24b. WERE AUTOPSY FINDING AMILLABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DEATH	The contract of the contract o		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	IME OF 280	INJURY AT WORK?	28d. DE\$CRIBE HOW	INJURY OCCUR	ED
2 Accident Investigatio 3 Suicide 8 Could not to	28e. PLACE OF INJUR	RY — At home, farm		YES 2 NO	28f. LOCATION (Street City or Town, State	and Number or R	tural Route Number,
(Orbon Orly)	YSICIAN: To the best of my kno						use(a) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	m & 13m	lus		29c. LICENSE I		29d. DATE SIG	GNED (Month, Day, Year) -20-91
30. NAME AND ADDRESS OF PERSON HENRY L. BURKE	M.D. 115-A-	· LA GRAN	NGE AVE	NUE POB 5	91 LA PLATA	MD. 2	0646
31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIC	doon-Randa	82				



use as the burial-transit permit, Pages 1, 2, 3 should pt or attending physician. TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

AND 21215-0020

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

urs after death. Page 6 may be

TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be no TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, La.	Wasant Kar				2. DATE O	DAY	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER					11	15	91	11:35 A M
270-50-5537	1 M 10 0 5		UNDER 1 YEAR	HOURS MIN.		F BIRTN Day, Year) 6-1944	8. BIRTI Count	HPLACE (State or Foreign (ry) India
9e. FACILITY NAME (If not institution, given	re atreet and number)	91	. CITY, TOWN	OR LOCATION OF D			UNTY OF D	
ST. AGNES H	OSPITAL		BALT	IMORE C	CITY			
10a. STATE 10b. COU	NTY	10c. CITY, T	OWN OR LOCAT	TION	11			10d. INSIDE CITY
New York	Erie		E	ast Amhe	erst			LIMITS?
10e. STREET AND NUMBER 33 Wagg	n Wheel Drive	3	101	, ZIP CODE	4051	10g. CI	Ind:	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN ILS ADMED	13. WAS DEC			(Specify Yea or No-		
1 Never Married 2 N Married 3 Widowed 4 Divorced	FORCES? 1 YE	DATES	If yea, sp	ecity Cuban, Mexic 2 XNO Speci	an, Puerlo Ri	cen, etc.)	Spec	E — American Indien, k, White, etc. #y; Eastern Dian
15. DECEDENT'S E (Specify only highest gri	DUCATION ada completed)	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. I	KIND OF BUSINESS/IN		
Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done dunng mo lired.)	st of worlding				
	5+	Polymer C	hemist			Chemical		
17. FATNER'S NAME (First, Middle, Last)						ddle, Maiden Surname)		
	gadi Ratnaka:				rada			
19a. INFORMANT'S NAME (Type/Print)						r, City or Town, State, Z		
Rita V. Kamath		33 Wago	n Whee	1 Drive	East	Amherst,	New !	York 14051
20a. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)		ob. PLACE AND DATE OF D emetery, cremetory or other Sheridan F	plecel		DATE	20c. LOCATION - Tonawan		
21. SIGNATURE OF FUNERAL SERVICE				D ADDRESS OF FA				
23. PART I. Enter the diseases, p	mazullo		3981	Carrollt	on Ro	ad Upperc	o, Mai	al Service cyland 21155
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):						
readiling in death, LAST	d							
PART II. Other algnificant conditi	ona contributing to death	but not reaulting in ti	he underlying	cause given in	Part I. 2	4a. WAS AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						Ed ies a lino		OF DEATN?
								T TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch	neck only one)			
1 X YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 X ER/Out		HER:	5 Residence	8 Other (Specify)		
27. MANNER DF DEATN 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI			RIBE NOW INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not b	28e PLACE OF IN ILIE	RY — A1 home, ferm, atree ecify)			281. LOCAT City or	ION (Street end Numbe Town, State)	or or Rural F	Route Number,
AA - OCT. CO.								
(Check only	SICIAN: To the best of my known NER: On the basis of exemination	wiedge, death occurred at on and/or investigation, in	the time, date my opinion, de	and place, and due	to the couse	e(a) and menner as ata and piece, and due to t	sled. he cause(e) end menner ea stated.
296. SIGNATURE AND TITLE OF CERTIF	right MD			29c. LICENSE NUI				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, Print	()	0.0.	ri · E ·		1/10	5/1991
DONALD G WRIGHT N.	ID DOME	111 PENN		T BAL	TIMOL	RE, MARY	LANI	0 21201
NOV 21 '91	Julia Davi	dson-Randell						
	11							

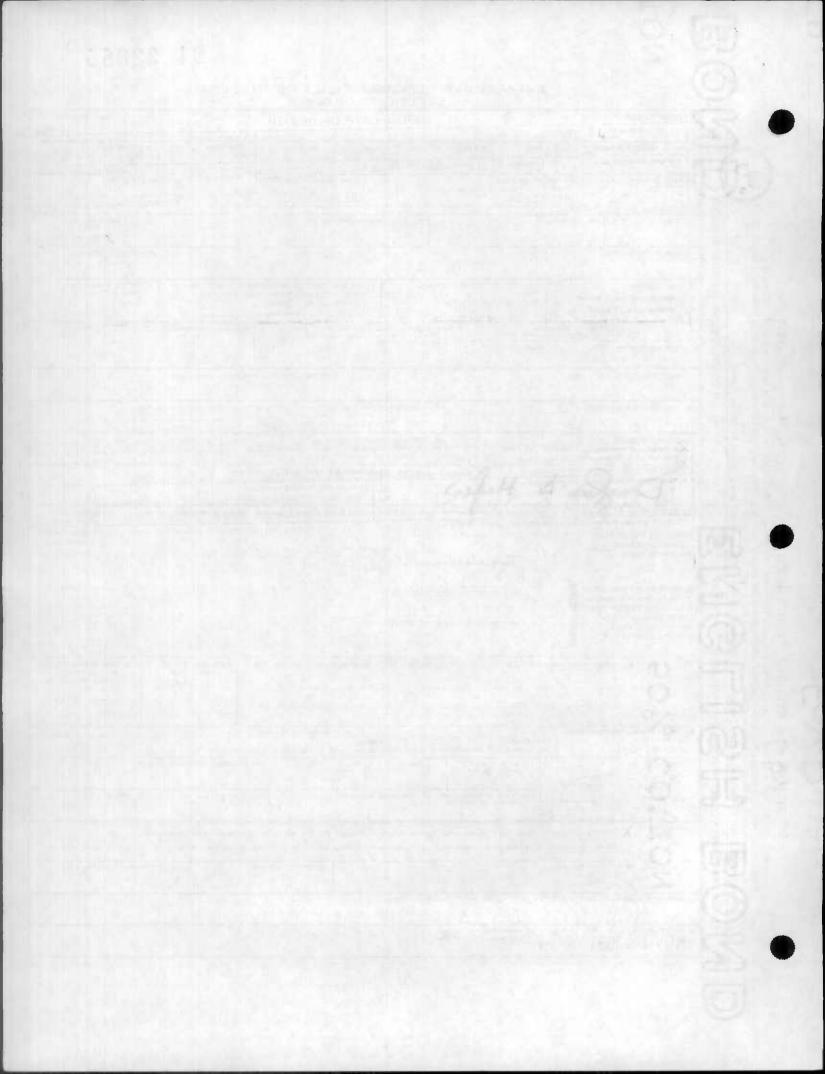
TO BE COMPLETED BY FUNERAL DIRECTOR

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TI	25	28	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use find within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burfal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First,	Middle, Last)			OLITI	ПОД		DEATH		REG. NO.			3. TIME OF DEATH
David Br	uce Ki	ile						MONT 11	H DA	2	91	02:25
SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (/	in yrs. last birth		DER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
213-64-7		1 XM 2 F		36 YF	S. MONTHS	5 DATS	HOURS MIN.		.15,1	955		WV
a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CI		OR LOCATION OF D	EATH			NTY OF E	
Sacred Hea	rt Hos	spital				Cuml	berland			All	legar	ny
De. STATE	10b. COUNT	Υ		10c	CITY, TOWN	N OR LOCAT	TION					10d, INSIDE CITY LIMITS?
Maryland	Alle	qany			Raw1	ings						1 X YES 2 NO
Oo. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
18612 Circ	cle D	1					215				_	JSA
. MARITAL STATUS Never Merried 2 7	Merried	12. WAS DECEDER	YES	2 XNO	1	It yes, sp	CENDENT OF HISPA ecity Cuban, Maxic	an, Puerto	1? (Specify Yee Rican, atc.)	or No	14. RAC Blac	E — American Indian, ck, White, atc.
☐ Widowed 4 ☐ Divo		IF YES, GIVE	MAR OR DA	ATES	17	1 TYES	2 NO Spec	lty:			Spec	White
15. DEC	EDENT'S EDU	CATION		18e. DECEDE			ON ost of working	161	. KIND OF BUS	SINESS/INI	DUSTRY	
Elementery/Secondery (0	-	College (1-4 or 5	+)	life. Do N	OT usa retired	d.)						
12				JOUI	RNEYN	MAN I	MAINTEN			GLAS	SS	
. FATHER'S NAME (First, M		77 . 1					18. MOTHER'S N	, ,				
Bruce Ke		n Kile		405 848	I INC ADDR	TOO (O)	and Number or Rura	-	llis			
		77 - 1 -										01557
Mrs. Shar		. Kile	201	PLACE AND			le Driv	/e,				Own, State
Buriel 2 Cremetic	n 3 🗆 Rem	oval from State	of	cemetary, crem	atory or othe	er place)	·	1		ale,	1	
				SI. LOW	1	Orla	l Garden					
1. STONATURE OF FUNERA		CENSEE	V IVE	St Law		2. NAME A	L Garden	ACILITY				
23. PART i. Enter the d	Iseases, pr	PH	at caused	I the death.	2	Hafe 1302	nd address of F er Chape 2 Nation	acility 1 of al H	the Hi	ills /ale,	Mor , MD	tuary 21502 Approximate interval Between
23. PART i. Enter the dishock, printer the dishock,	iseases, preent failure.	complications the List only one cs a. Melestonic Due To b. Carry Due To c.	at caused on each of the cause	I the death.	Do not ent	Hafe 1302 ter the mo	nd Address of Fer Chape 2 Nation ode of dying, au	acility of al Hi ch as car	the Hi	ills /ale,	Mor , MD	21502 Approximate interval Between
23. PART i. Enter the d	iseases, preent failure.	a. Melestonis the List only one can be cannot	O (OR AS A	the death. ach line. MUCONSEQUENCE CONSEQUENCE CONSEQUENCE	Do not entill DE OF): SEE OF): DE OF):	22. NAME AI Hafe 1302 ter the mo	no ADDRESS OF F er Chape 2 Nation ode of dying, au	acility of al Hi ch as car	the Hi	ills Vale, ratory ar	Morrest,	21502 Approximate
3. PART i. Enter the dishock, or himmediate CAUSE (Firilisease or condition esuiting in death) Sequentially list condit if any, leading to immediate. Enter UNDERLY: AUSE (Disease or injuntat initiated events esuiting in death) LAS PART II. Other algnifications.	iseases, preent failure. iona, diate iNG	a. Melest a. Melest DUE TO DUE TO d	O (OR AS A	the death. ach line. MUCONSEQUENCE CONSEQUENCE CONSEQUENCE	Do not entire to provide of the corp. DE OF): DE OF): DE OF):	22. NAME AI HAFE 1302 ter the mo	no ADDRESS OF F er Chape 2 Nation ode of dying, au	ACILITY 1 OF al Hi ch as car	the Hi	ills Vale, ratory ar	Morrest,	Approximate interval Betwee Onset and Dea
23. PART i. Enter the dishock, printer the dishock, printer the disease or condition esuiting in death) Sequentially list condition and the dishold in death in the dishold in the dishol	iseases, preent failure. iona, diate iNG	a. Melestonis the List only one can be cannot	at cause on each of the cause on each of the cause on each of the cause of the caus	the death. ach line. MULL CONSEQUENCE CON	Do not ent DE OF): DE OF): DE OF): OTH	underlyin 2s. P	no ADDRESS OF FET Chape 2 Nation ode of dying, au Weller Wyler og cause given in	ACILITY 1 Of al Hi ch as car	the H: vy - Lav diac or reapi 24e. WAS AN PERFOR 1 YES 2	ills Vale, ratory ar	Morrest,	Approximate interval Betwee Onset and Dea
3. PART i. Enter the dishock, or himmediate CAUSE (Firilisease or condition esulting in death) Gequentially list condition and leading to immediate ause. Enter UNDERLY AUSE (Disease or Injuntat initiated events esulting in death) LAS PART II. Other algnifications. S. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	iseases, preent failure. iona, diate in	a. Molecular to the List only one can be as DUE TO be To d. HOSPITAL: 1100 Inpatient 2 28e. DATE O	at caused use on each of the cause of the ca	the death. ach line. MULL CONSEQUENT CONSEQ	Do not ent Do not	underlyin 2s. P. 2s. P. 2s. P. 2s. P. 2s. P. 2s. IN.	no ADDRESS OF FET Chape 2 Nation de of dying, au Melo Mylur g cause given in	n Part i.	the H: vy - Lav diac or reapi 24e. WAS AN PERFOR 1 YES 2	AUTOPSY	Morrest,	Approximate interval Betwee Onset and Del On
23. PART i. Enter the dishock, or himmediate CAUSE (Fir disease or condition esuiting in death) Sequentially list condition esuiting in death) Sequentially list condition esuiting in death) Sequentially list condition in the condition of the	iseases, preent failure. iona, diate iNG	DUE TO o (OR AS A D) (OR	the death. ach line. MULL CONSEQUENT CONSEQ	Do not entire to the property of the property	underlyin 2s. P 2s. P 2s. P 2s. IN. W 1 1	NO ADDRESS OF FET Chape 2 Nation 2 Nation de of dying, au Pull P	n Part I.	the Hivy Lav	AUTOPSY MMED?	Morrest, 24	Approximate interval Betwee Onset and Dea Dea Onset and Dea	
3. PART i. Enter the dishock, or him and the shock, or him and the shock of the sh	iseases, preart failure. iona, diate iNG pry ion condition	DUE TO o (OR AS A D) (OR	the death. ach line. MUCONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT 288	Do not entire to the property of the property	underlyin 2s. P 2s. P 2s. P 2s. IN. W 1 1	NO ADDRESS OF FET Chape 2 Nation 2 Nation de of dying, au Pull P	n Part i.	the H: Vy - LaV diac or reapi 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MMED?	Morrest, 24	Approximate interval Betwee Onset and De Ons	
3. PART i. Enter the dishock, or himmediate CAUSE (Firilisease or condition esuiting in death) dequentially list condition and the condition of the condition	iseases, preent failure. iona, didate in	DUE TO a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 110 Inpatient 2 28e. DATE 0 (Month, building	of Coras and Cor	the death. ach line. CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT At home, f	Do not entill the Do not entil	underlyin 2s. P 2s. P 2s. P 2s. IN 2sc. IN 1	NO ADDRESS OF FET Cinape 2 Nation ode of dying, au Public Nation ode of dying, au Nation ode of dying,	n Part i. Check only o 28d. DE 2ef. LOC	the Hilly - Lavidac or reapidac or reapida	AUTOPSY MED? NJURY OC	MOT MD reat, 24	Approximate interval Betwee Onset and Dea Dea Onset and Dea
3. PART i. Enter the dishock, or himmediate CAUSE (Firilisease or condition esuiting in death) Sequentially list condition arease. Enter UNDERLY: CAUSE (Disease or injuntation in death) LAS PART II. Other algnification in death) LAS PART II. Other algnification in death in the cause of t	iseases, preart failure. iona, diate iNG iny in the condition in the cond	DUE TO a. DUE TO b. DUE TO c. DUE TO d.	of Coras and Cor	the death. ach line. CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT At home, f	Do not entill the Do not entil	underlyin 2s. P 2s. P 2s. P 2s. IN 2sc. IN 1	NO ADDRESS OF FET Cinape 2 Nation ode of dying, au Public Nation ode of dying, au Nation ode of dying,	n Part i.	the Hilly - Lavidac or reapidac or reapida	AUTOPSY MED? NO NJURY OC	Morrest, 24 CCURED or or Rural sted.	Approximate interval Betwe Onset and Det onset ons
ART I. Enter the dishock, or himmediate CAUSE (Firilisease or condition esuiting in death) Sequentially list condition esuiting in death) Sequentially list condition in the condition of any, leading to immediate. Enter UNDERLY: AUSE (Disease or Injunity in the condition of any, leading to immediate esuiting in death) LAS ART II. Other algnification of the condition of the co	iseases, preart failure. iona, diate iNG iny in the condition in the cond	DUE TO a. DUE TO b. DUE TO c. DUE TO d.	of Coras and Cor	the death. ach line. CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT At home, f	Do not entill the Do not entil	underlyin 2s. P 2s. P 2s. P 2s. IN 2sc. IN 1	NO ADDRESS OF FET Chape 2 Nation 2 Nation Dide of dying, au Well Well Grave given in LACE OF DEATH (Chape 5 Recidence JURY AT ORK? YES 2 NO The second of the seco	n Part i. Check only of 28d. De Chy. 28f. LO. Chy. Check det Chy. Check only of the case time, dat	the Hilly - Lavidac or reapidac or reapida	AUTOPSY MED? NO NJURY OC and Number and due to to 29d. DA'	Morrest, 24 CCURED or or Rural sted.	Approximate interval Betwee Onset and Detail Betwee On



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND	MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	OF DEATH		3. TIME OF DEATH
Lydia R. Kahri	ng				117-	14-91 PAY	YEAR	м
161-10-8367	1 M 2XX 8		IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year) 24-03	Count	HPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	UNTY OF	
1303 Wind Spri	ng Lane		Towso	n		В	alti	mor.e
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
MD Balti	morė .		vson					LIMITS?
10e. STREET AND NUMBER				. ZIP CODE		10g, Ci	TIZEN OF 1	1 YES 2 1 NO
1303 Wind Spri	12. MAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	en, Puerto	N? (Specify Yee or No-	14. RACI Blac Spec	E — American Indian, k, Whita, etc. White
15. DECEDENT'S EDUCAT (Specify only highest grade co.	rion mpleted)	16e. DECEDENT'S U (Give kind of wo	rk done durina ma	ON si of working	181	. KIND OF BUSINESS/IN	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	tife. Do NOT use	retired.)					
17. FATHER'S NAME (First, Middle, Last)		Assembl	A MOI.			Drug Co	ompa	ny
John M. Kahring						Middle, Maiden Surname)		
190. INFORMANT'S NAME (Type/Print)		19b MAII INC A	Appens (Carrelle	Deann				
Helen Carri 20a. METHOD OF DUPOSITION 1 CyBurlel 2 Cremetton 3 D Removi	CON	907 T	OP Mas	t Way,	Ann	tapolis, 20c. Location -	MD - City or To	
4 Donation 5 Other (Specify)	ISEE W	augh Ch	apel (Cemeter	. Л	Gamb ₁	lls	, MD
▶ Hardesty Funer		· CJ.		Stv Fu		al Home,	P.A	
		N	1851	Annapol	is	Road, Ga	mbr	ills. MD
23. PART I. Enter the diseases, or conshock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	Panewalt	CONSEQUENCE OF:		de of dying, auc	ch aa car	diac or raspiratory a	rrest,	Approximate interval Between Onset and Death 2 woulder,
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):						
PART II. Other significant conditions of Diabeters well	efen	ut not resulting in	the underlying	cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 4-NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- Hypertunion	. & Hyperly.	dissis						1 YES 2 NO
facemakez.								
	IOSPITAL:	effent 3 DOA 4	THER:	ACE OF DEATH (Ch				
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	IRY AT	_	CRIBE HOW INJURY OC	CURED	
1 Natural 5 Pending 2 Accidant Investigation	(Month, Buy, 1001)	INJUR		ES 2 NO				
3 Suicida 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	eet, tectory, office		26t. LOC City	ATION (Street and Number or Town, State)	or Aurei A	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: 0	N: To the best of my knowl	edge, death occurred end/or investigation,	st the time, deta In my opinion, de	and place, end due	to the cau	se(s) end menner as sta	ited. he cause(a	end mannar ea stated.
296. SIGNATURE AND TITLE OF CERTIFIER, Herman Bu	when his			29c. LICENSE NUM			E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C Herman Br	echer Mi	TH (ITEM 27) (Type, Pr	110 Wu	dsor M	till 1	El, Balt	unove	Md 21207
31. NOV 178 7991 July	32 HEONGTRAR'S							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1881 B 1 VON

	4. SOCIAL SECURITY NUM	DEN	5, SEX	6. AGE (In yr.	s. last birthday)	# UNDER	YEAR	IF UNDER 2	LHRS	7. DATE OF	E BIRTH		a BIRTHR	LACE (State or
	214-88-66	534	1 M 2 F	18	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	2	Country)	
	9a. FACILITY NAME (If not	-		, ,		9b. CITY.	TOWN O	R LOCATION		05-2	29-1		Mary	
E .				TT	3 4 . 1				· Or DEA					
5	RESIDENCE OF DE	CEDENI	General	HOST	olral	IAnna	apo.	lis		_		Ann	ie Ar	runde
DIRECTOR	10n. STATE	10b. COUNT			10c. CIT	Y, TOWN OF	R LOCATI	ON				-		10d. INSIDE C
	MD		Arunde	el	We:	st R	ive	r.						YES 3
AAL	100. STREET AND NUMBER						t0f.	ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY
	5341 Sud	Ley Ro	ad				2	0778				USA		
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	JNO.	11	yea, spe	ENDENT OF elfy Cubso, 2 X NO	Maxican,	Puario Rio	(Specify Ye	na or No—	14. RACE - Black, Specify	American I White, etc.
	15. DE	CEDENT'S EDU	CATION completed)	16a	Give kind of	USUAL OC	CUPATIO	N t of washing		18b. K	(IND OF BL	JSINESS/IND	USTRY	
9	Elementary/Secondary	0-12)	College (1-4 or 5	+)	life. Do NOT us	se retired.)	aring mos	i or working						
3	12			St	tudent	t				Sc	hoo	ling		
COMPLET	17. FATHER'S NAME (First, I							te. MOTHE	R'S NAM	E (First, Mic	ddle, Maider	n Sumame)		
BE	Virgil Le	evelle						Ma	rga.	ret	Ham:	iltor	1	
	19a. INFORMANT'S NAME (19b. MAILING	ADDRESS	(Street an							
	Virgil Le	evelle			5341	Sud	ley	Roa	d, 1	West	Riv	ver,	MD	2077
	20a. METHOD OF DISPOSIT	TION 2 Pro-		20b. PLA	CEANDDATE	OF DISPOSIT	TION (Nan	ne of		DATE	7	OCATION —		
	4 Donation 5 Dothe	r (Specify)	DVIII ITOM Stata	St.	Jame	ether placel	eme	terv			Lot	thian	. MI)
	21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE			22. N	AME ANI	ADDRESS	OF FACI	LITY				
	► T//.		1		1	I Ha	JI. Q	estv	Ful	nera		ome F		
R	11/12/2011	0 -	MAINI	ela (1						D		-	
	IMMEDIATE CAUSE (FI disease or condition	Tour Landie.	List only one cat	use on each	line.	9 (05 (Gale	svi:	lle	Road or resp	d, Ga	eat,	Approx
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2. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Levelle

91-6800-003

1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

Michele

4. SOCIAL SECURITY NUMBER

32868

5:50

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS? 1 YES 3 NO

White

Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

n auto/auto impact

and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

MD

14. RACE — American Indian, Black, White, etc.

1991

111 Penn Street, Baltimore Maryland 21201

REG. NO

2. DATE OF DEATH MONTH DAY

DHMH-16 Rev 1/89

HOU I S VOM

BALTIMORE, MARYLAND 21215-0020	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral directory and the state for use as the burial-within 72 hours after heart with the State Dear of Hearth and Mental Hydiene prior to hindal commandon or removal	ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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8/	s after d	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the familing 2 bours after health with the State Dent of Health and Mental Honleye prior to hindal cremation, or exmoval	dical e
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IMPORTANT: II

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUNE DEGISTAR'S SIGNATURE INDESSE

Stephen Hamilton, M.D

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the hospital or attending physician.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ROLAND WESLEY NOV. 991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign M 2 | F MONTHS DAYE HOURS YRS. 40 6767 9/18/1896 A YLAND 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 743 Warren Drive ANNAPOLIS ANNE ARUNDEL 10a. STATE 10h COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MD. ANNE ARUNDEL ANNAPOLIS LIMITS? 10e, STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 395 JEFFERSON STREET 21403 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1- YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, ato__ TE 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced 1 YES 2 NO Specify: Specify: 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) PAINTER CIVIL SERVICE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LEXANDER BE SARAH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Norgan ANNAPOLIS, MD. 21403 20s. METHOD OF DISPOSITION
9 Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE /19 Bl uff Cemetery 11 Annapolis. STANTURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Annapolis, Ad. 23. PART I. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, Approximete ahock, or heert fellura. List only intarval Batween IMMEDIATE CAUSE (Final Onaat and Daath disease or condition CANCUR UNG resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions. if any, laading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated avents resulting in daeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO POST-UBSTRUCTIVE PNOUMONIA 1 YES 2 NO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 N Reeldence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY M 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) and menner se stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as eleted. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/18/11 2

205 Ridgely Ave., Annapolis, MD 21401

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page 5 should

ysician and completely filled in by the funeral director, prior to burial, cremation, or removal.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mg	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2205 PM John Mac Farlane 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 64 0 -05 Scotland Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Arne Arundel DIRECTOR Arne Arundel Medical Center Annapolis RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 YES 2 NO Severna Park MD Anne Arundel FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21146 U.S.A. 603 Persimmon Ct 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 ☐ YES 2 ☑ NO Specify:

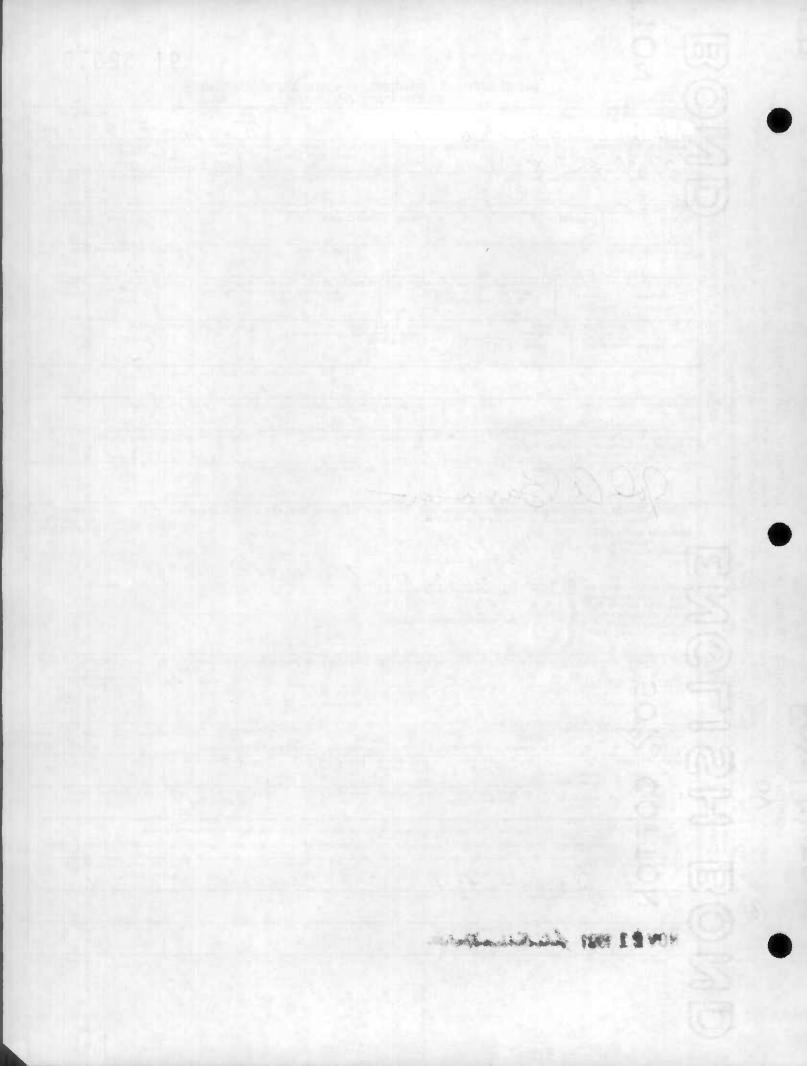
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Specify: 11. MARITAL STATUS 1 Naver Merried 2 Merried BY 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION 8 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondery (0-12) Collage (1-4 or 5+) Senior Safety Engineer Insurance Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) George Mac Farlane Mary Mac Pherson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 603 Persimmon Ct. Severna Park MD 21146 Margaret H. Mac Farlane 20a. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from Stata
4 Donetion 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Metro Crematory 11/15 Catonsville, MD 21. SIGNATION OF PURERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Parranco Funeral Home Severna Park MD 21146 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Between Onset end Deeth IMMEDIATE CAUSE (Finel e. Thep is he for lot disease or condition resulting in deeth) netastraz petent melanar CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dieeese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 prochle (BACINOMA 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, EXAMINER? OTHER: 1.0 Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Realdanca 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the ceuse(s) and manner as stated.

MEDICAL EXAMINER: On the basis of assignation and/or investigation in my couldon death occurred at the time, data and piece, and due to the ceuse(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100507 5 4 32, NEGISTRAN'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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or item 23 shows any injury, or other traumatic event,

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TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

HOSPITAL OR ATTENDIR

BY

COMPLETED

BE

0

Natural

2 Accident

4 Homicide

3 Suicide

5 Pending Investigation

6 Could not be

29b. SIGNATURE AND TITLE OF CERTIFIER

permit. Pages 1, 2, 3 should

use as the burial-transit

INORE MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF PEATH 3. TIME OF DEATN SEROL ANES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1- M 2 F 42 7927 YRS 498 /29/79 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NNE APUN EL NEDICAL ANNAPOLIS ARUNDET 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MID ANNE ARUNDEL ANNAPOLIS 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WNAT COUNTRY? 1215 McKinley St. 21403 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES CIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Marrie BY 3 Widowed 4 Divorced Specify WHITT COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) rane Operator Construction 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) FLOYD MANES BLACKWELL STELLA BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)
1215 McKinley St. Annapolis, Md. 21403 19a. INFORMANT'S NAME (Type/Print) 2 INGEBORG EVANS 20s. METNOD OF DISPOSITION

↑ □ Burief 2 □ Cremation 3 □ Removal from State b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Buriet 2 Cremation 3 Donation 5 Other (Specify) Vet. Cemt []] /18 Crownsville. STORMATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY
Taylor Funeral Chapel Annabolis, Md. 2.1401

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata only ona cause on each line. ahock, or heart fellura. List Intervel Between IMMEDIATE CAUSE (Final Onaet and Death disesse or condition resulting in death) 0 ronomarle 9 mg CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseesa or Injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF) resulting in daath) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH

OTHER:
4
Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY 26c. INJURY AT WORK?
1 YES 2 NO 26b. TIME OF INJURY 26d. DESCRIBE NOW INJURY OCCURED 28s. PLACE OF INJURY - At home, ferm, street, factory, office 261, LOCATION (Street and Number or Rural Route Number, Cliv or Town, State) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) attending Physicia 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Paul Berez MO 1655 Coston Blod suite 101 Crofton MO21114 NOV 18 1991 Suite Davidson Market

Colombia Call and refer themselve NOV 2 B 1991 SLLEWILL CHARLE use as the burlai transit permit. Pages 1, 2, 3 should

203-3146

BALTIMORE, MARYE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR		CE	RTIF	IOAIL			11		EG. NO.				
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	5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	y, Year)		Countr	IPLACE (State (y)	Graigh !
LIG UT TOOT		79	YRS.						/12		MD	- 3	
9a. FACILITY NAME (If not institution, give street			_			R LOCATIO		TH		9c. COUN			
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10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE	YTK
MD Carro	oll			We	estn	nins	ter					1 YES 2	□ NO
10e. STREET AND NUMBER		44 = 14			101	ZIP CODI				10g. CITI	ZEN OF V	WHAT COUNTR	Y?
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11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARI						C ORIGIN? (S , Puerto Rice		or No-	14. RACE Black	E — American k, Whita, etc.	Indian,
3 Wildowed 4 Divorced	IF YES, GIVE W					2 NO			, ,		Spec	ite	
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(Specify only highest grade co		(Gi		work done	during mo		g						
Elemental y Secondary (0-12)	4+		ala	tor	& d	lev.		1	and				
17. FATHER'S NAME (First, Middle, Last)							IER'S NAM	IE (First, Midd	le, Maiden	Sumame)			
Jerome Albe	rt Mil	ligan				Id	a Ma	arie	Orer	1			
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural R	oute Number, (City or Town	n, State, Zip	Code)		
Mrs. Helen K. M	illiga	n 1	1010	Mu.	ller	Rd	V	Vestm	inst	ter,	MD	211	57
20a METHOD OF DISPOSITION 1 \(\overline{\Omega} \) Burial 2 \(\overline{\Omega} \) Cremation 3 \(\overline{\Omega} \) Ramov 4 \(\overline{\Omega} \) Donation 5 \(\overline{\Omega} \) Other (Specify)	rei from State	Ever g	OF DISPO	SITION (No	eme of cer emol			rdens		cation —			
21. SIGNATURE OF FUNERAL SERVICE LICE													
	NSEE			22.	NAME A	ND AODRE	SS OF FAC	ILITY		_	<i>α</i> :	-	
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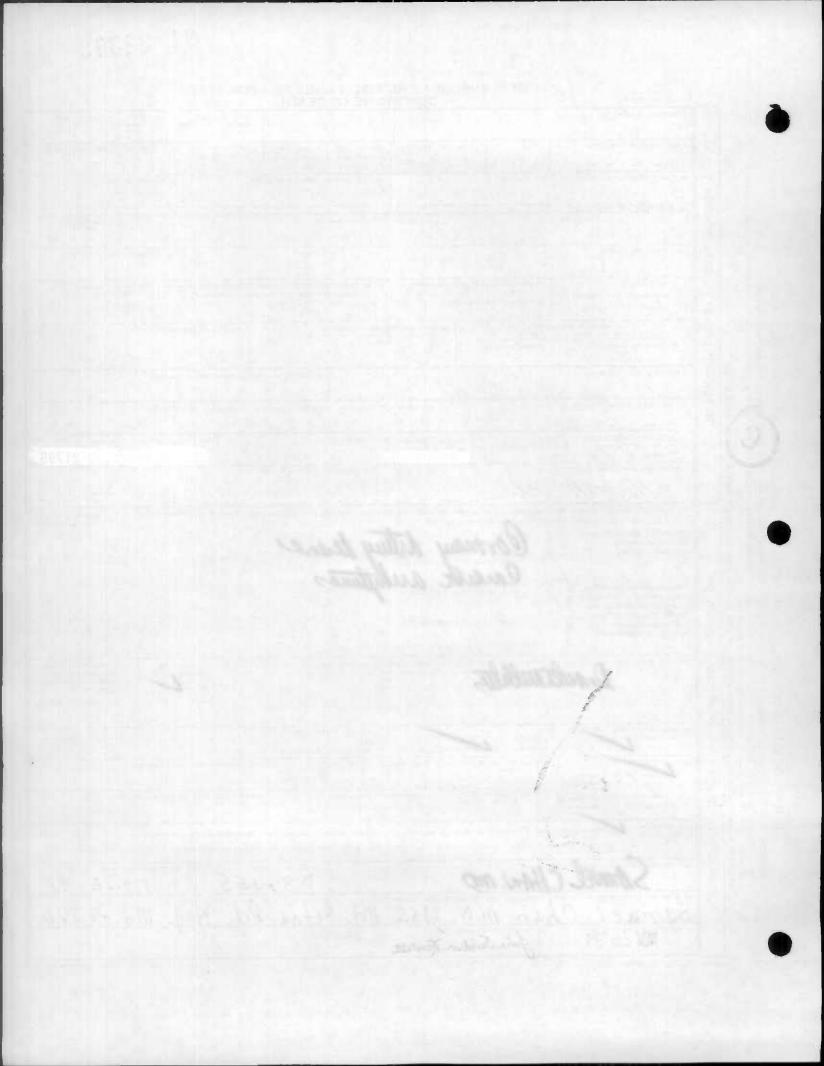
Lulia Savidson Randelle

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e attending physician and completely filled in by the funeral	Mental Hygiene prior to burial, cremation, or removal.	r item 23 shows any injury, or other traumatic event, the medical examinant
by th	h and M	y Inji
las been signed	State Dept. of Health	23 shows an
ficate h	State 1	r item

	FOR 1 - STATE REGISTRAR	STATE OF N	ARYLAND /	DEPAR	RTMENT	OF H	IEALTH A	ND M	ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) ROSE	Geneva		McNE		- 01	DEAT		REG. NO.		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 236-50-2220	5. SEX 1 M 2 K F	6. AGE (In yrs. lest		IF UNDER	DAYS		MIN.	(Month, Day, Year) Cou		Country,	PLACE (State or Foreign /land
CTOR	9a. FACILITY NAME (If not institution, give s 101 RODINWOOD COU RESIDENCE OF DECEDENT	Court Hagerstow										
L DIRECTOR	Maryland Was	ashington Hagerstow				own						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	101 Robinwood										USA	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N			f yea, sp	ENDENT OF ecify Cuban, 2 X NO	Mexican,	ORIGIN? (Specify Yea Puerto Ricen, etc.)	or No— 1	A. RACE Black, Specify While	- American Indian, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired) 17. FATHER'S NAME (First, Middle, Last) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired) 18b. KIND OF BUSINES (Give kind of work done during most of working life. Do NOT use refired) 18c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired) 18c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired) 18c. KIND OF BUSINES (Give kind of work done during most of working life. Do NOT use refired)												
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ECC	Charles	Benjamir	Н	ewet	+	71	16. MOTHER		E (First, Middle, Maiden S nmi	1	0	Grace
TO B	19a. INFORMANT'S NAME (Type/Print)					(Street a			ute Number, City or Town			ii ace
F	Woodrow W. McNema	r					Cour		lagerstown)
	20s. METHOD OF DISPOSITION 1 XI Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A	ND DATE O	ther place)	OC i a	me of		DATE 20c 100	ATION CI	u oe Tour	
	21. SIONATURE OF FUNERAL SERVICE LIC	Olon	Tetea	jaul	0.	SBOR	NE FU	OF FACIL NERA	L HOME Williamsp			
	23. PART I. Enter the diseases, or abook, or heart failure.	complications that	causad the dea	th. Do n	ot enter	tha mo	de of dying	, auch a	as cardiac or reapir	atory arras	t,	Approximate
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HYS	27. MANNER OF GEATH	1 ☐ Inpatient 2 €		J DOA	4 (.) Hurs				Other (Specify)			
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	3 Guidife 8 Gould not be 4 Homicide determined	28s. PLACE OF building, e	MULRY — At hom is. (Specify)	e, farm, s	treet, facto	ery, office	57.17	31	er. LOCATION (Street an City or Town, Street)	nd Number or	Floret Flor	de Number
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of n	ny knowledge, deal mination and/or in	th occurre	d at the tir	me, data	and place, an	et the tim	the cause(s) and mann ne, data and place, and	due to the o	ause(a) a	and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	HAN. M	0				29c, LICENS	B 6 G	~ 1 mm	29d. DATE S	IGNED (A	Aonth, Day, Year) 25-91
	Samuel Of	san m	D. 11	85	M	1. 1	letn	1. 1	Rd. Ha	9. n	1d.	21740
	31. DATE FILED (Month, Dev. Year)	32. REGISTRAR	S SIGNATURE	ndell,								



1. DECEDENT'S NAME (First, Middle,	1000		CERTIF	CATE	OF	DEAT	rH		REG. NO	NE D.		
,								2. DATI	OF DEATH	DAY	YEAR	. TIME OF DEATH
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456-30-336	1 1 M 2 F	64	YRS.	MONTHS		HOURS	MIN.	(Mon	th, Day, Year)		6. BIRTHPI Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution,		1.04		9b. CITY	, TOWN OR	LOCATI	ON OF DE	1	27-19		Te NTY OF DEA	xas
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RESIDENCE OF DECEDEN	T	ce_			дема					l An	ne A	rundel
10e. STATE 10b. CO	Anne Aru	ndel			PR LOCATIO	N						Od. INSIDE CITY
10e. STREET AND NUMBER		HUCL	L. a.g.	ewat								YES X2 X NO
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3 Widowed 4 Divorced	W TES, GIVE	MAN ON DATES			YES 2	V Wo	Specify				Specify:	White
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12th Gr.			Hous	sewi	fe				1100	50110	ı. u	
17. FATHER'S NAME (First, Middle, Last Unk-Heatho					1				Middle, Maidei	,		
19a. INFORMANT'S NAME (Type/Print)	vale					E.	unio	e I	31. unn	et.		
Col. James	Gerald		19b. MAILING	ADDRESS	(Street and	Number	or Rural R	loute Num	ber, City or For	vn, State, Zip	Code)	1 21037
20a. METHOD OF DISPOSITION		20h PLAC	E AND DATE O				1 1 1					
1 Burlai 2 Cremation 3 4 Doneflon 5 Other (Specify)	Removal from State	cametery, c	crematory or off	ner placa)		901		ī	E 20c. LO			
21. SIGNATURE OF FUNERAL SETUP	LIGENSEE	Lake	HOIL		NAME AND	ADDRES	S OF FAC		14/91	-Davı	asonv	ille,Md
Shown the	Har last	- 1		На	ı.des	stv	Fur	ier.a	l Ho	me P	. A	12 Ridg
23. PART I. Enter the diseases,	or complications the	A				0						
shock or heart falls			death Deat	AV	0.,	Anı	napo	lis	, Md	214	01	
arroom, or rigort failt	ire. List only one cel	it caused the disease on each ili	death. Do no	ot enter	the mode	of dyl	ng, such	as can	Md liác or reap	214 iratory arr	O 1	Approximate interval Between
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Julia Davidson-Randelle

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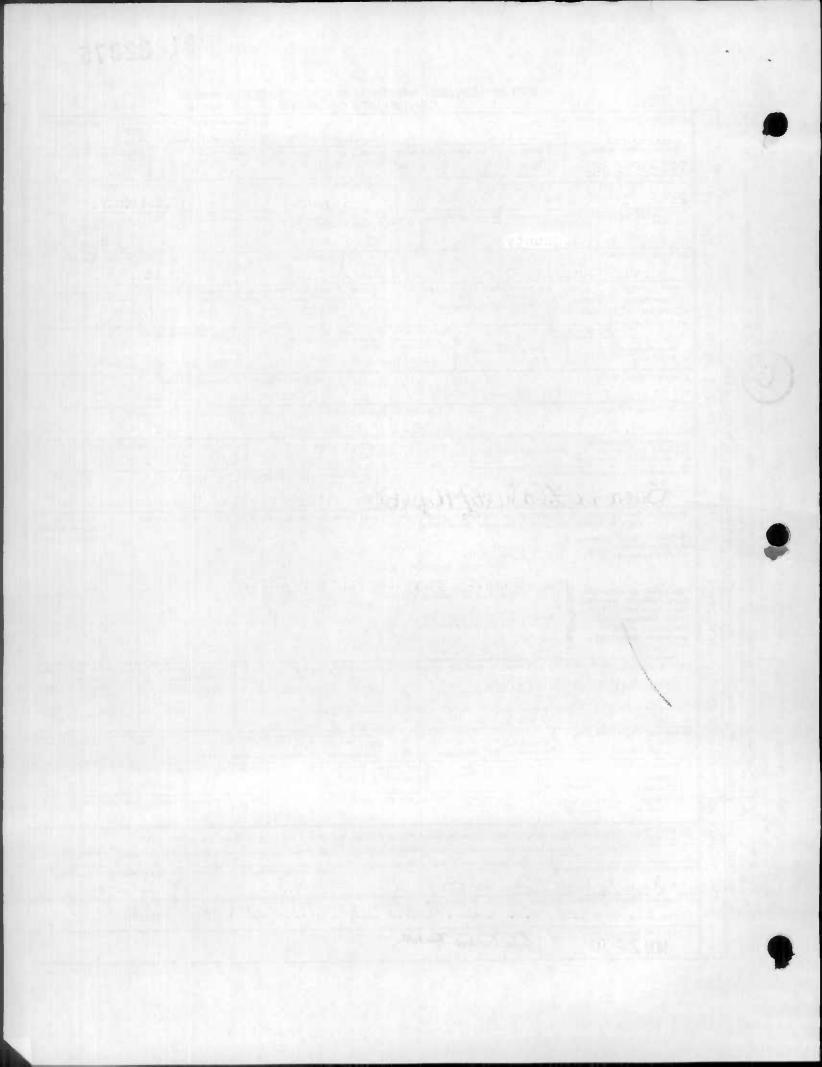
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	1 - STATE REGISTRAR	STATE OF N					HEALTH DEAT		MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle,									E OF DEATH	AY	VEAR	3. TIME OF DEATH
	William 1	Franklin s. sex	6. AGE (In yrs. Ia	na bilati di i	_	RIS			Nov	ember 2	20, 1	-	6:30 P w
	705-10-9551	1 M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DAT	E OF BIRTH 11h, Day, Year) 4-29-(13	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution,	42	00		9b. CITY	Y, TOWN (OR LOCATI	ON OF DI		4-29-0		NTY OF DE	
OR	Franklin Square Hospital Baltimore							Baltimore					
DIRECTOR	RESIDENCE OF DECEDEN 10a, STATE 10b, CO			10c. CI7	Y, TOWN								
DIR	Maryland Ba	altimore (City	-	Bal								10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
MAL	10e. STREET AND NUMBER 101. ZIP CODE					10g. CITIZEN OF WHAT CO							
FUNERAL	Riverview Nursing Home, Eastern Ave. 212							ted	States				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2X	NO		If yes, sp	ENDENT Cook	F HISPAN n, Maxica Specify	in, Puarto	IN? (Specify Yas Rican, atc.)	or No-	Specifi	
밀	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON set of workin	· ·	16	b. KIND OF BU	SINESS/IND	Whi	te
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	′			coming into	ist of workin	y					
OM	17. FATHER'S NAME (First, Middle, Las.	0	Er	ngin	eer		40 1407	IFDIC NA	145.45	Rails Middle, Maiden			
BE C	William Frank		is					erti			surname)	t.	
TO B	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	S (Street a				nber, City or Town	-		
	John W. Atkir	ison		1911	Туз	rone	Ro	ad,	Wes	stmins	ster	, MD	21157
	20a. METHOD OF DISPOSITION X. Paurial 2 Cremation 3 4 Donation 5 Other (Specify)	Ramoval from State	cemetary, cre	matory or o	OF DISPOS ther place)	SITION (Na	ma of		DA		CATION -		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Park	CWOO	22.	NAME AN	D ADDRES	S OF FA		1/23 E	Balt:	ımor	e, MD
	Sugara	400 BAN	till.	111.5	My	yers	Fu:	nera	al I		a + m	: ~ ~ ±	er, MD
	23. PART I. Enter the disesses, shock, or heart fails	or complications that	saled the de	ath. Do r	not enter	the mo	de of dyl	ng, aucl	h sa car	disc or respi	ratory srr	esi.	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Pneum	onia	,,,									interval Between Onset and Death
7			ic Obst		,	Dulma	ากละเ	, Die	2602	0			
OLL	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEC			umi	Jilai y	01.	scas				
ICA	CAUSE (Disesse or Injury	с.											
CERTIFICATION	that initisted events resulting in death) LAST	DOE 10 (OR AS A CONSEC	DUENCE OF	F):								
	DARY II. Oak-s also III.	d		*									
CAL	Congestive Hea		desth but not n	esulting I	n the un	derlying	csuse g	iven In	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	- Jongeson C nec								_	1 TYES 2	(XNO		COMPLETION OF CAUSE DF DEATH?
2							-		_				1 NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?					26. PL	ACE OF DE	ATH (Che	ick only o	ne)			
YSI	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 Ras	sidenca	6 Oth	er (Specify)			
	27. MANNER OF DEATH 1 V Netural 5 Pending	28a. DATE OF I (Month, Day		28b. TIMI	URY	28c. INJU	RK?		28d. DE	SCRIBE HOW IN	JURY OCC	URED	
ВУ	2 Accident Investigati	26. BLACE OF	INJURY — At hor	na farm a	M Inch		ES 2 🗌	NO	201 1 00	14710N (0)	-11/		
	4 Homicide 8 Could not datarmina		tc. (Specify)	,,	atoot, ract	ory, ornes			City	CATION (Street a or Town, State)	na Number	or Rural Ro	uta Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PI	HYSICIAN: To the best of m	ny knowledge, des	ath occurre	d at the fi	me, data i	and place,	and dua	to the ca	use(s) and man	ner as atate	d,	and manner as stated
	29b. SIGNATURE AND TITLE OF CERT						29c. LICE						Month, Day, Year)
TO BE	Argusto Ro		m				N/	Ά			1	1-20	
	30. NAME AND ADDRESS OF PERSON Augusto de Leo	on, M.D. 9	of DEATH (ITEM 000 Frai	nklir	Print) Squ	iare	Driv	e E	Balt	imore,	MD	2123	7
	NOV 2 2 '91		s signature										



		nsit permit. Pages 1, 2, 3 sh	
LAND 21215-0020	the hospital or attending physician	by detached for use as the burial-tra	at once.
BALIIMONE, WHILAND 21215-0020	urs after death. Page 6 it is in the state of the state o	in by the funeral directo	redical examiner must be notified
DIVISION OF VITAL RECORDS, P.O. BOX 86760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 medium of the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the detached for use as the bunal-transit permit. Pages 1, 2, 3 sh filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23

31. DATE FILED (Month, Day, Year)
NOV 22'91

32. BEGISTRAR'S SIGNATURE

Wa Davidson Pandall

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH SIDNEY (NMN) 3. TIME OF DEATH NOVENSTEIN YEAR SIDNEU 1991 0015 A M 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) JAN. 7, 1907 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F MONTHS DAYS HOURS 220-44-0480 CONNECTICUT 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WASHINGTON MARYLAND FUNKSTOWN X YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26 EAST BALTIMORE STREET 21734 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yea, specify Cuban, Maxlean, Puerto Rican, etc.)
1 YES 2 NO Specify 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: 3 X Widowed 4 Divorced WHITE ED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ET (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 8 DOCTOR FAMILY PRACTICE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) MEYER NOVENSTEIN BE SARAH MARCUS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 EVAN M. 8720 HARNES TRAIL, POTOMAC, MARYLAND NOVENSTEIN 20854 20s. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State B'NAI ABRAHAM CEMETERY 11-21-91 HAGERSTOWN, WASH., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY . L. hall Brady ANDREW AK: COFFMAN FUNERAL HOME, IN INC. 21740 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart failure. List only ona cause on each line. intarval Batween IMMEDIATE CAUSE (Final Onaat and Death disease or condition reaulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evants resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only ons) HOSPITAL: OTHER: 1 YES 2 14 NO 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO М BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide ETED 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homlelda determined 29s. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29d. DATE SIGNED (Month, Day, Year) 5 2 70

sit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

e are death. Page 6 may be retained by the hospital or attending physician.	int. The funeral director, page 5 should be detached for use as the burial-tran	examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the bunal-tran be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal comments after death with the State Dept. of Health and Mental Hygiene prior to bunal comments.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, in medical examiner must be notified at once.

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1 - FOR STATE OF MARY REGISTRAR	LAND / DEPARTM		ALTH AND MENTA	L HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) ANDREW LAWA	ZENCE	OGL	E SR MONT	OF DEATH DAY	YEAR 0330 A M
4. SOCIAL SECURITY NUMBER 5. SEX 213-42-4434 MM 21 L	1 C/ YRS MC	UNDER 1 YEAR DAYS DAYS		OF BIRTH th, Day, Year) -14-42	8. BIRTHPLACE (State or Foreign Country) PENNA
9a. FACILITY NAME (If not institution, give street and number) 928 MULLER ROP) RESIDENCE OF DECEDENT		NES	LOCATION OF DEATH	P. C	OUNTY OF DEATH
10a. state 10b. county Maryland Carroll	10c. CITY, 7	10c. CITY, TOWN OR LOCATION Westminster			10d, INSIDE CITY LIMITS? 1 YES 2 NO
928 Muller Road			21157	10g. (U.S.A.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Olvorced 12. WAS OECEOENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 NO	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 1 YES 2 NO Specify: While the specify Cuban and the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specify of the specific of the			
15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) None	16a. OECEDENT'S US (Give kind of work life. Do NOT use in	k done during most etired.)	of working	o. KINO OF BUSINESS/	INOUSTRY
17. FATHER'S NAME (First, Middle, Last) JOSEPH Lawrence Ogle 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rachel Porter					
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charlotte A. Ogle 928 Muller Road Westminster, Maryland 21157					
1 Description 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place) Sallem	m Cemetary Winfield			- City or Town, State Lc, Marylanc
21. SIGNATURE OF FUNERAL SERVICE LICENSES	1.	Burr	ier Funeral ield, Maryla		4
23. PART I. Enter the diseases, pr complications that cause shock, or heart tellure. Liet only one cause on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	M YOCH		e of dying, such as car L IN		Interval Between
Samuella Van and Van C. A-2TF	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	EPOT I	CAPDIO	VASCUL	AP 1715

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART il. Other eignificent conditions con

OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):	PULMBARY DIS				
tributing to deeth but not resulting in the underlying ceuee given in Part I.	24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?			

5. WAS CASE REFERRED TO MEDICAL	28. PLACE OF OEATH (Check only one)						
EXAMINER!	HOSPITAL: Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence			6 Other (Specify)			
27. MANNER OF OBATH 1 NewTral 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

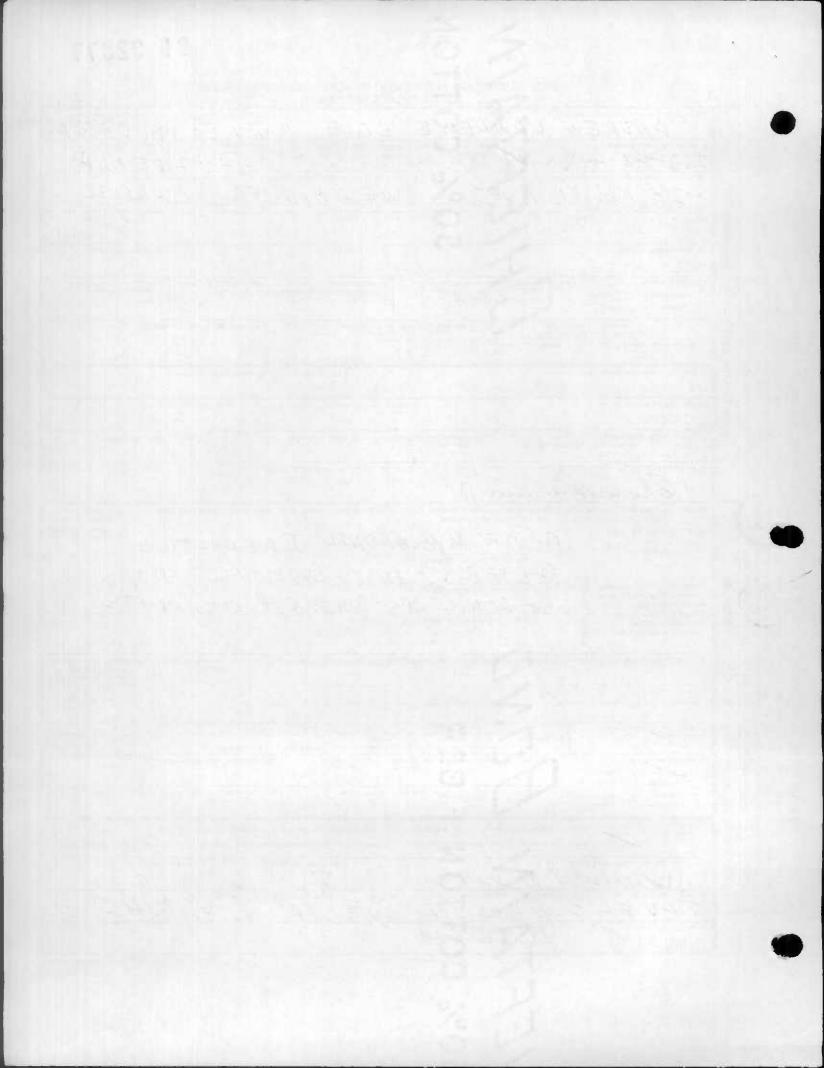
one) 2- MEDICAL EXAMINER: On the basis of examination end/or investigation, in my o	pinion, desth occured at the time, date and place	
SIGNATURE AND TITLE OF CERTIFIER I Walker	29c. LICENSE NUMBER 7/1496	29d. OATE SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DANIEL

31. DATE FILED (Month, Dey, You

'91

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle



Inding physician.

It the burial-transit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the TUT THE FUNERAL OHECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

215-0020

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Edna V.		ORCUTT			2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER 212-24-7310		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	November 18 7. DATE OF BIRTH (Month, Day, Year) Aug. 17,192	I BIOT	HPLACE (State or Foreign try)
9e. FACILITY NAME (If not institution, give 329 South Street	street and number)			OR LOCATION OF D		c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c CITY	-	gerstown		wasn	ington
Maryland Washington Hagerstow			Orm			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
329 South Street			1	21740		USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO If yes			DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE -			
15. DECEDENT'S EDI (Specify only highest grade Elamentary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEDENT'S L (Give kind of wo life. Do NOT use	ork done during m	ON ost of working	166. KIND OF BUSINE	SS/INDUSTRY	
8	0	seams	stress		factor	У	
17. FATHER'S NAME (First, Middle, Lest) Harry Edgar Bowa	ırd			18. MOTHER'S NAME (First, Middle, Meiden Surname) Dora Miller			
19a. INFORMANT'S NAME (Type/Print) Harry Boward		19b. MAILING /	NOORESS (Street	and Number or Rural	Route Number, City or Town, St	ate, Zip Code)	
20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Ren	noval from Stata Cen	PLACE AND DATE OF	F DISPOSITION (A	eme of	DATE 20c. LOCATI	ON — City or To	own, Stata
4 Donation 5 Other (Specify)		Rose Hill	22. NAME A MINN	ND ADDRESS OF FA	CILITY		Maryland
23. PART I. Enter the disasses, pr shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF)	foil			ry arrast,	Approximate Interval Batwean Onset and Deeth I day 6
PART II. Other significant condition	s contributing to death b	ut not resulting in	tha underlyin	g cause givan in	Part 1. 24s, WAS AN AUT- PERFORMED 1 YES 2 PA)?	. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	ack only one)		
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	2Se. DATE OF INJURY (Month, Day, Yeer)		OF 28c. IN	DURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJUR	TY OCCURED	
2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, atr			281. LOCATION (Street end N City or Town, State)	lumber or Rural I	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	ledga, death occurred	at the time, date	and place, and due leath occured at the	to the cause(a) and manner	na stated.	a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE Mushaud 30. NAME AND ADDRESS OF PERSON WH	mbun 1			29c. LICENSE NUN 0 /466	IBER 290		(Month, Day, Year)
31. DATE FILED (Morth, DON) 201	32. REGISTRAR & SIGN		andell	sed 1	He sen lown	mo.	21740

3. TIME OF OEATH

REG. NO. 2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

NOV 2 2 91

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	CARRIE ME	ay PE	ET	FR			MONT	DAY 2	199	1 5:15 P			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 (1 M 2)		n yrs. last	birthday) IF I	UNDER 1 YEAR			OF BIRTH		RTHPLACE (State or Foreign untry)			
ОВ	98. FACILITY NAME (If not institution, give street and number Pleasant Yell Too	1	me		city, town	OR LOCATION	OF DEATH	90.	COUNTY O	4.6			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Carrol			10c. atv, to			4			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 2103 Herbert Ave					101. ZIP CODE	21157	21157 U.S.A.					
BY FUN	1 Never Merried 2 Married FORCES	CEOENT EVER IN 37 1 YES GIVE WAR OR DA	2 N	MED O	If yes,	specify Cuban,	HISPANIC ORIGI Maxican, Puarto Specify:	N? (Specify Yea or N Rican, atc.)	10- 14. R	14. RACE — American Indien, Black, Whita, etc. Specify: White			
ETED		NT'S EDUCATION hest grade completed) College (1-4 or 5+) 16a, OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY						Y					
COMPL	8			Hou	sewi								
8	17. FATHER'S NAME (First, Middle, Last) Peter Collins				18. MOTHE		Middle, Maiden Surn.						
BE	19a, INFORMANT'S NAME (Type/Print)		106	MAILING ADI	DECC /Ctm	t and Number of		nce Fos		A .			
2	Betty Taylor									id. 21157			
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from St			OF DISPOSITIO		cemetery, cremati				r Town, State			
	4 Oonation 🎖 Other (Specify)	C	arro	011 C						d, Md.			
	Carroll Cremation Service Hampstead, Md. 21. SIGNATURE OF FUNEBAL SERVICE UCENOE Access 7 Carroll Cremation Service Hampstead, Md. 22. NAME AND ADDRESS OF FACILITY Fletcher Funeral Home 254 E. Main St. Westminster, Md. 211												
z		011	heir	ners						Intervel Between Onset and De			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. The und Celle Celecum, Present Councer 1 YES 2 M NO 1 YES 2 M NO									24b, WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
IAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF OE	ATH (Check only o	one)					
SIC	EXAMINER? 1 YES 2 NO 1 Inpette	AL: int 2 - ER/Outp	patient 3		THER: Yoursing h	lome 5 🗆 Resi	dence 8 🗆 Oth	ner (Specify)					
BY PHYSICIA		ATE OF INJURY Month, Day, Year)		26b. TIME O	F 26c.	INJURY AT WORK?	28d, OI	EŞCRIBE HOW INJU	RY OCCURE	0			
ED	3 Suicide a Double 28e. F	LACE OF INJURY ullding, atc. (Spec		me, farm, stree	et, factory, o	ffice	261, LO	CATION (Street and any or Town, State)	Number or Re	ural Routa Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the be									use(a) end menner ae stated			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Dee	ei	m		Do	SE NUMBER	8 1	11	NED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLET					or s	31/1000	t cetu	and	21042			

Dorsey HAI

1084

1932 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

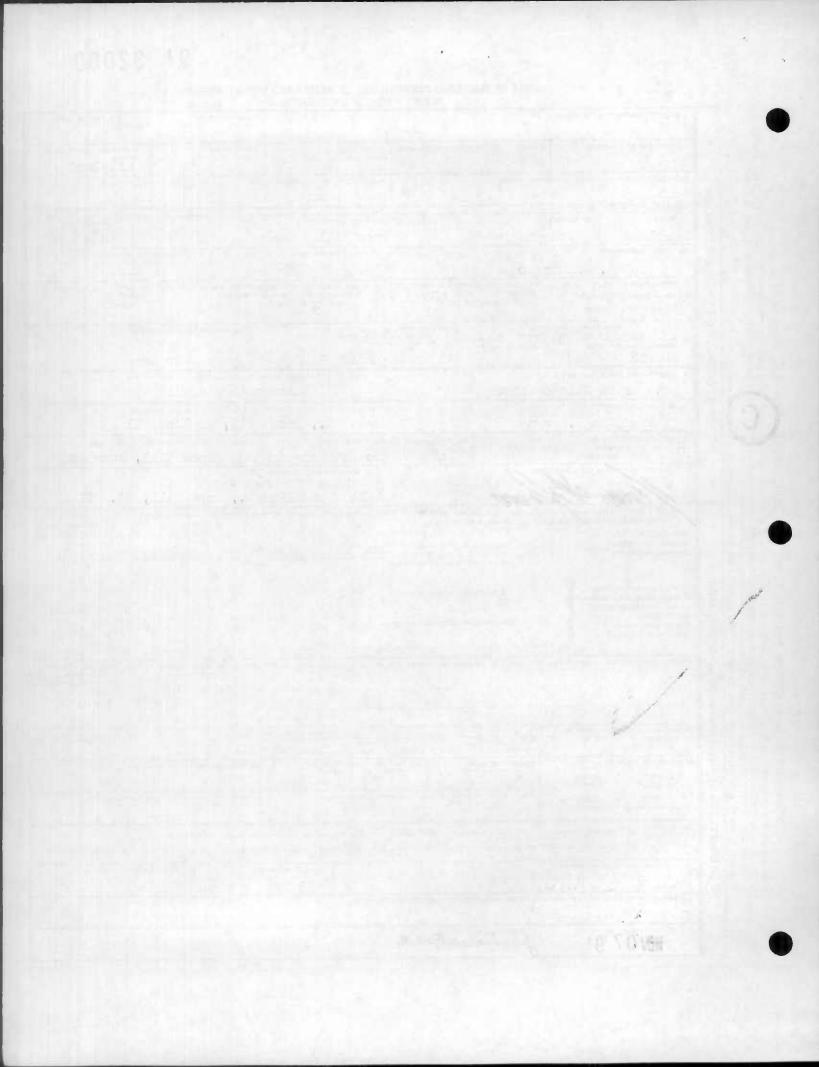
CERTIFICATE OF DEATH

RYLAND 21215-0020

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR	ICATE O	F HEALTH AND	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, La. Susie M. Payne	*		<u>JEITTI</u>	IOATE	DEATH	MONT	OF DEATH	Y	YEAR	IME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HR	. 7. DATE	OF BIRTH	10	BIRTHPLA	23:00 B	
	216-40-4793 9a. FACILITY NAME (If not institution, give	1 M 2 F	89	YRS.	MONTHS DA	YN OR LOCATION OF	07-	n, Day, Year) -06-02		Mary	land	
DIRECTOR	Peninsula Genera		al			sbury	DEATH			Y OF DEATH		
	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			10e Cir	Y. TOWN OR LO				77100			
	V	orcester		100. 011	Snow H				1		LIMITS?	
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITtZE	N OF WHAT	COUNTRY?	
NE	103 S. Wash					2186	3			USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 V Widowed 4 Divorced		T EVER IN U.S. YES 2	ARMED K NO	If yes	DECENDENT OF HIS , specify Cuban, Max YES 2 X NO Spe	ican, Puarto	f? (Specify Yaa Rican, atc.)	or No 1	1 M YES 2 NO EN OF WHAT COUNTRY? USA 4. RACE — American Indian, Black, White, atc. Specify: White STRY OME		
	The second secon	1								1	White	
ETE	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5		DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUP work done during as retired.)	ATION most of working	168	. KIND OF BUS	INESS/INDUS	STRY		
COMPLETED	12	Conege (1-4 or 5	*)		emaker			C	wn Ho	me		
BE CO	17. FATHER'S NAME (First, Middle, Last) Augustus Alor	nzo Mason						Middle, Maiden S				
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre			-	, -	nde)		
5	Augustus W.	Payne	e 4927 Creek Rd., Snow H						and	21863		
	20a. METHOD OF DISPOSITION 1.X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	20b. PLACE AND DATE OF DISPOSITION (Name of cemalery, crematory, or other place) Bates Methodist Cemete					20c. LOC				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		000 110	22. NAMI	AND ADDRESS OF nis Fune:	FACILITY		11777	, rai	yland	
	110mm 91	Allenson				Frankli			Hill.	Md.	21863	
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO	and Chi (OR AS A CONS (OR AS A CONS	EOUENCE OF	ī): ():	al Hemato	oma				Oneet and Death 5+days	
	PART II. Other eignificant condition	d	death but on	reculting i	n the underly	dan cours shirts	la Bank I. I					
MEDICAL					T the direction	my cause given		24n. WAS AN A PERFORM	#ED?	OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq \text{NO} \)	
Z	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH	Check only on	θ)				
CIAN		HOOME			OTHER:							
YSICIAN	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA		ome 5 🗆 Residenc	8 🗆 Othe	(Specify)				
PHYSICIAN	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	1 X Inpetiant 2	INJURY	28b. TIME	4 Nursing h	ome 5 Residenc		(Specify) CRIBE HOW IN	JURY OCCUP	RED		
3Y PHYSICIAN:	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 N Inpetient 2 28a. DATE OF (Month, D.	INJURY ay, Year)	-	4 Nursing F		28d. DES	CRIBE HOW IN		RED		
B⊀	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not b.	28a. DATE OF (Month, D. 11-0) 28a. PLACE O	INJURY ay, Year) 1-91 FINJURY — At	28b. TIME INJU	4 Nursing F OF 28c. JRY M 1	INJURY AT WORK? YES 2 NO	POSS 281. LOC	ible f	all		fumber,	
8	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D. 11-0) 28a. PLACE O building,	INJURY ay, Year) 1-91 FINJURY — At atc. (Specify)	28b. TIME INJI ? home, farm, s	4 Nursing H OF 28c, JRY M 1 [traet, lactory, o	INJURY AT WORK? YES 2 NO	POSS 281. LOC.	ible f	all nd Number or	Rural Route I	fumber,	
8	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be detarmined 29a. CERTIFIER (Check only)	1 X Inpetiant 2 28a. DATE OF (Month, D) 1 1 1 0 28a. PLACE O building, home:	INJURY sy, Year) 1-91 FINJURY — At atc. (Specify) —103 Water Water Williams with the second secon	28b. TIME INJU ? home, farm, s	4 Nursing to Street, lactory, of ton Street, lactory, of the time, determined to the time, determined	INJURY AT WORK? YES 2 NO Mica CEET eta and placa, and d	POSS 281. Loc. City Snow	ible fation (Street and Town, State) Hill,	all Mary Mary	Rural Route I		
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	1 X Inpetiant 2 28a. DATE OF (Month, D. 1 1 - 0) 28a. PLACE O building, home: SICIAN: To the beat of NER: On the basis of a)	INJURY sy, Year) 1-91 FINJURY — At atc. (Specify) —103 Water Water Williams with the second secon	28b. TIME INJU ? home, farm, s	4 Nursing to Street, lactory, of ton Street, lactory, of the time, determined to the time, determined	INJURY AT WORK? YES 2 NO Rica CECT sta and place, and d t, death occured at ti	28d. DES POSS 28I. LOC. City Snow us to the cause time, data	ible f Tible f Tible f Tible f Tible f Tible (Street and Town, State) Hill, se(a) and mann and place, and	all Mary Mary der as stated. dua to the c	Rural Route I	manner as statad.	
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be detarmined 29a. CERTIFIER (Check only)	1 X Inpetiant 2 28a. DATE OF (Month, D. 1 1 - 0) 28a. PLACE O building, home: SICIAN: To the beat of NER: On the basis of a)	INJURY ay, Year) 1—91 FINJURY — At act. (Specify) —103 Water Management of the specify of the specify of the specify of the specify of the specify of the specific of the s	28b. YiMi INJ ? home, farm, s ashing dasth occurre	4 Nursing HE OF 28c. JRY M 1 Tract, lactory, of ton St. d at the time, d an, in my opinion	INJURY AT WORK? YES 2 NO NIce CECT eta and placa, and d a, desth occured at t	POSS 281. LOC. City Snow us to the cau the time, data	ible f Tible f Tible f Tible f Tible f Tible (Street and Town, State) Hill, se(a) and mann and place, and	Mary Mary Mary Mary Mer se stated. due to the c	Rural Route I	manner as stated. h, Day, Year)	
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	1 X Inpetiant 2 28a. DATE OF (Month, D. 11 – O. 28a. PLACE O building, nome: SICIAN: To the beat of NER: On the basis of an IER	INJURY my, Year) 1-91 FinJURY — At atc. (Specify) -103 Wa my knowledge, amination and/o	28b. Time invited in the invited in	4 Nursing No. 1 28c. JIRY M 1 1 Itraet, lactory, of ton St. d at the time, don, in my opinion	INJURY AT WORK? YES 2 NO Rica CECT sta and place, and d t, death occured at ti	POSS 281. LOC. City Snow us to the cau the time, data	ible f Tible f Tible f Tible f Tible f Tible (Street and Town, State) Hill, se(a) and mann and place, and	Mary Mary Mary Mary Mer se stated. due to the c	Rural Route I	manner as stated. h, Day, Year)	
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicida 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 1 CERTIFING PHY 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERTIFIER 29c. CERTIFIER 1 CERT	28a. DATE OF (Monith, D. 11—O. 28a. PLACE O building, home: SICIAN: To the best of NER: On the basis of an interpretation of the completed cause, M. D. , 10	INJURY By, Year) 1—91 FINJURY—At etc. (Specify) —103 Wa my knowledge, (aminstlen and/c	28b, 71Mm INJU ? home, farm, s ashing dasth occurre r investigation buty M EM 27) (Type, P Bluf	4 Nursing Nurs	INJURY AT WORK? YES 2 NO Hica CEET eta and placa, and d a, death occured at ti 29c. LICENSE N DO3599	28d. DES POSS 281. LOC. City Snow use to the cause time, data	ible f ATION (Street an arr Town, Street an arr Town, State) Hill, se(a) and mann and place, and	Mary Mary Mary Mer sa stated. dua to the c	Rural Route I	manner as stated. h, Day, Year)	



DACIE TO THE CAND SIZIS-DOZO	the hospital or attending physician.	norm once 5 mond be detached for use as the burial-transit permit. Pages 1, 2, 3 should	miner hotified at once.
60.00.00.00.00.00.00.00.00.00.00.00.00.0	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Proceeding physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral decimic pages of a property of the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar miseral and once.

31. DATE FILED (Month, NOV 26 91

1. DECEDENT'S NAME (Fire			C	ERTIF	ICATE OF	HEALTH DEA	TH	REG. N	0.		32881
HESTER N								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. In	net hirthriau)	IF UNDER 1 YEAR	IF UNDER	7.24.4000	NOV 25	10	91	IPLACE (State or Foreign
214-36-157		1 🗌 M 2 🔀 F	83	YAS.	MONTHS DAYS	HOURS	MIN.	APR 30,	1908	Count	land
9a. FACILITY NAME (If not					9b. CITY, TOWN	OR LOCATI	ON OF O	EATH	9c. COU	NTY OF D	EATH
1740 Edge	CEDENT	Hill Circ	le		Hag	ersto	wn		Wa	shin	igton
10a. STATE	10b. COUNT			10c. CIT	TY, TOWN OR LOCA						10d. INSIDE CITY LIMITS?
		shington			Hagers						1 YES 2 NO
		Hill Cir	010		1	f. ZIP COD		7.4.0	10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS	gewood	12. WAS DECEDER		RMED	12 WAS DE	CENDENT (740 NIC ORIGIN? (Specify 1			ISA
1 Naver Married 2 3 Wildowed 4 Div		FORCES?	YES 2 X	NO	If yea, s	pecify Cube	ın, Mexica	in, Puerto Rican, atc.)	rea or No-	Speci	E — American Indian, k, White, etc.
15. DE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				USUAL OCCUPAT	ON		16b, KIND OF B	USINESS/INC	DUSTRY	
15. DE (Specify or Elementary/Secondary 1 2 17. FATHER'S NAME (First, I		College (1-4 or 5	+)	Give kind of to Do NOT u	work done during maker	ost of workii	ng				
17. FATHER'S NAME (First, I	Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)		
Robert I	ee Fur	nkhouser					Lulu	ı Edna Clo	pper		
19a. INFORMANT'S NAME (er						Route Number, City or To Hagerstown			2
20a. METHOD OF DISPOSI	TION		20b, PLACE	AND DATE	OF DISPOSITION /A	ama of		DATE 20c. L			
4 Donetion 5 Dothe	St. Paul's Cemetery 11-27-91 Clearspring,										
21. SIGNATURE OF FUNER					22. NAME A	ND ADDRE		CILITY	h Funeral HOme		
to	ed 1	West.	at o		415	E. W	ilso				m, Md 2174
23. PART i. Enter the c shock, or I IMMEDIATE CAUSE (FI	realt failure.	complications the List only one cau	t caused the duse on each iln	eath. Do s	not enter the m	ode of dy	ing, auc	h aa cerdiac or rea	piratory ar	reat,	Approximate interval Between
disease or condition resulting in deeth)		a. RUSTURES DUE TO	ABDEN	INAL	ADRTIC	Ant	URYS	M			MINUTES
Sequentlelly list condi		a HYPERT)							YEARS
if any, leading to imme	ING	DOE 10	TON AS A CONSE	OUENCE O	P):						
CAUSE (Disease or injuthat initiated eventa	ury	DUE TO	(OR AS A CONSE	OUENCE O	F):						
resulting in deeth) LAS	ST	d									
PART II. Other significa	ant condition	na contributing to	death but not	resulting	In the underlyin	O CRUSS C	alvan In	Part I 24- MBC 4	N AUTOPSY	Lan	WERE AUTOPSY FINDINGS
					us andony.	a cacon i	given in	PERFO	DRMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 🗆 YES	2 NO		OF DEATH?
											1 NES 2 NO
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL				26. P	LACE OF D	EATH (Ch	eck only one)		1	
1 TYES 2 NO		HOSPITAL:	ER/Outpatient	B DOA	OTHER: 4 Nursing Hor	10 5 1 Re	aldenca	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, D		28b. TIM INJ	URY W	IURY AT ORK? YES 2] NO	28d. DEŞCRIBE HOW	INJURY OCC	CURED	
3 Cutality	Could not be determined	28a. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, factory, offic	4		28f. LOCATION (Street City or Town, State	t and Number e)	or Rural R	loute Number,
	TIFYING PHYSI	CIAN: To the best of	my knowledga, d	eath occum	ed at the time, date	and place,	, end due	to the cause(a) and me	enner aa atat	ed.	
29e. CERTIFIER (Check only one)										ner as stated. I due to the cause(a) and menn	
(Check only one) 2 MED	ICAL EXAMINE	R: On the basis of e	xamination end/or	Investigatio	on, in my opinion,	leath occur	ed at the	time, data and place, a	and dua to th	a cause(a) and menner as stated.
(Check only	ICAL EXAMINE	R: On the basis of e	xamination end/or	Investigatio	on, in my opinion,	29c. LICE	NSE NUM	ABER	29d, DAT		(Month, Day, Year)

32. REGISTRAPIS SIGNATURE doon-handale

91 32882

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH -Vernon Albert Redding 3:40 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 11-12-1907 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign WM 2 F DAYS HOURS 215-01-0374 YRS. Maryland permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Carroll County Gen. Hosm. Westminster Carroll RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Hampstead 1 TES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 4422 No.3 Black Rock Rd. 21074 U.S.A. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-it yee, specify Cuben, Maxican, Puarto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Married
3 Widowed 4 Divorced BY White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION
Decify only highest grade comple (Spi (Give kind of work done life. Do NOT use retired.) be detached for Elementery/Secondary (0-12) College (1-4 or 5+) Carpenter Construction once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
Bertha Viola Stup George Albert Redding Ħ BE be notitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 funeral director, page 5°5h 2122 Walsh Drive, Westminster, Md. 21157 Vernon L. Redding, Sr. death. Page 6 may be 20s. METHOD OF DISPOSITION
1. Durial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must View Mem. Park 11/22/91 Sykesville, Md. Lake examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3296 Charmillr. Eckhardt Funeral ChapelManchester, Md. in by the f medical 23. PART i. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List pnly one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF): event. reauiting in deeth) and con burial, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): 9 attending physician prior Comeen other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 the atter Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO been signed by the shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: has be Oept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) this certificate h item HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO OTHER: 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO M BY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide DIRECTOR: A
2 hours after of 8 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) LED 6 Could not be 4 Homicide determined ET COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. TO THE HOSPITAL OF TO THE FUNERAL DISPERSION TO THE IMPORTANT: If its 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the ceuse(e) end mannar ee stated. 290. STONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 36112 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 22. REGISTBAR'S SIGNATURE Filia Davidson-Randall 31. DATE FILED (Month, Day, Year)

by the hospital or attending physician, MARYLAND 21215-0020

68760, BOX P.O. DIVISION OF VITAL RECORDS,

HOSPITAL OR ATTENDING PHYSICIAN:

BALTIMORE,

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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1. DECEDENT'S NAME (FIRST, Robert Fra		Reed, Si			IOAIL	01	DEAI	-	2. DATE OF DEATH MONTH NOV. 25,	**1991	YEAR	3. TIME OF DEATH
2		4. SOCIAL SECURITY NUMBER 217-28-5543	BER	5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER	MIN	7. DATE OF BIRTH (Month, Day, Year) March 13, 1			LACE (State or Foreign
1, 2, 3 should	TOR	90. FACILITY NAME (# not in Washington	County		al				rstow	ON OF DEA		9c. COU	nty of DE	ATH
020 physician. burial-transit permit. Pages 1	_ DIRECTOR	Maryland 100. STREET AND NUMBER	10b. COUNTY	ington			y, TOWN OF	own						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ian. transit per	FUNERAL	90 Manor Dri	ive /	Apt. 102					2174	ιO		U	JSA	HAT COUNTRY?
215-0020 attending physician, se as the burial-tran	BY	1 Never Married 2 K 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		14	yes, sp	ecify Cubar	F NISPANIC n, Maxican, Specify:	C ORIGIN? (Specity Yar Puarto Rican, atc.)	or No—	14. RACE - Black, Specify:	- American Indian, whita, atc. White
D 21; spital or a	IPLETED	15. DECI (Specify only Elementary/Secondary (0) 12 Years	edent's Educ highest grade	CATION completed) College (1-4 or 5 or 5 or 5 or 5 or 5 or 5 or 5 or		ECEDENT'S Give kind of vie. Do NDT us	work done di se retired.)	uring mo	st of working		16b. KIND OF BUS	SINESS/IND	USTRY	
BYLAN by the too	BE COMPL	17. FATHER'S NAME (First, MI Franklin M	ajor R	leed					18. МОТН	ilda	E (First, Middle, Maiden Louise Ma	rtin		
E, MAB by be an age in most be notified	10	Jo Ann Ree	d		9	0 Man	or Dr	ive	Apt.	or Rural Roi	ute Number, City or Tow lagerstown	n, State, Zip 1, Mai	cooo) rylan	d 21740
ALTIMORE, death. Page 6 may be funeral director, page examiner must be		20a. METNOD OF DISPOSITI 1X) Burlal 2 Cremello 4 Donation 5 Other	n 3 🗆 Rame (Specify)			AND DATE OF OR AND PARTY OF OR	n Cen	ete	ry		11/29 Hag		OWN,	m, state Maryland
D 0 = 0		Leule	en.	Muy	úch		Fur	era	N. I	ne	Hage	ersto	wn, M	c Street aryland
760, de within 24 hours after ompletely filled in by the U. cremation, or remove event, the medical		23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	iart laliura. I	LIST DRIV DRA CAU	se Dn aach IIn	e.					for chay		nat,	Approximate interval Batwean Onset and Daath
.O. BOX 68760 certificate be executed wit didng physician and comple sygiene prior to burial, cre other traumatic even	CERTIFICATION	Sequentially list condition if any, leading to immac cause. Entar UNDERLYII CAUSE (Disease or Injustrat Initiated events resulting in death) LAST	Blata NG Ty	3	(OR AS A CONSE									
AL RECORDS, P le law requires that the death has been signed by the atten Dept. of Health and Mertal I 23 shows any injury, o	MEDICAL	PART II. Other eignificed	getu urc	s contributing to	death but not	reaulting I	n tha und	larlying Re	cause gl	Ivan in Pa	24a. WAS AN PERFOR	MED?	A C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
ate ate	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		ACE OF DE		Only one) Dthar (Specify)			
O SH sith be	ВУ РН		Pending nveatigation	28a. DATE OF (Month, De		28b. TIMI	E OF URY M	Sc. INJU WOI 1 Y			ISd. DESCRIBE NOW II	NJURY OCC	URED	
TISIC TTEND STOR: 4 after d	8	4 Homicide d	Could not be letermined	28a. PLACE Of building,	FINJURY — At h	ome, tarm, a	traal, tactor	y, offica		2	St. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	ite Number,
로 로 로 프	COMPLET	29a. CERTIFIER (Check only one) 1 CERTI	FYING PNYSIC	CIAN: To the best of R: On the bests of ax	my knowledge, d amination and/or	aath occurre	d at the tim	nion, de	and placa, eath occure	and due to	the cause(a) and man	ner aa state d dua to the	id. • cause(a) s	and mannar as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE	40.	olun					\$ 2.1	45	ER	≥ II	257	form. Day, Years
		30. NAME AND ADDRESS OF ABOUL	PERSON WHO	HEED M	10-161	0-0	KH	111	AVE	- H	KGERSTO	War-	MO	21740
		31. DATE FILED (Month, DAY)	V"26'S	32. REGISTRAI	S SIGNATURE	rdson-1	Pandae	2						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21203-3146	PHYSICIAN: The law requires that the death certificate be executed within 2 mouns after death.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
JOHEN!	3	Hading page
BALTIN	ifter death.	the funera
	Surs a	illed in by
13146,	xecuted within 2	and completely f
BOX	icate be	physician
P.O.	ath certif	ttending
OF VITAL RECORDS, P.O. BOX 13146,	requires that the de	sen signed by the a
VITAL H	CIAN: The law	ertificate has be
PE	HYSI	als ce

DIVISION

notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a movins after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination.

FOR STATE REGISTRAR		CENTIFIC	ATE OF DEAT	п	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) MARY		SHEEHY		2. DA' MOI	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		(In yrs. last birtnday) IF	UNDER 1 YEAR IF UNDER		TE OF BIRTH orth, Day, Year)	8. BIRT	THPLACE (State or Foreign only) RYLAND	
98. FACILITY NAME (If not institution, give st 311 Fourth St. RESIDENCE OF DECEDENT	reet end number)	91	ANNAPOLI			NNE	ARUNDEL	
10e. STATE 10b. COUNTY MD ANNI			OWN OR LOCATION FOURTH S	T. Anr	apolis	T	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 311 FOURTH ST			101. ZIP CODI 21.4		10g.	10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 VES IF YES, GIVE WAR OR E	2 W NO	13. WAS DECENDENT O	n, Mexican, Puerl		Bla	CE — American Indien, ick, White, etc.	
15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondery (0-12)		life. Do NOT use re	done during most of workir tired.)		6b. KINO OF BUSINESS	S/INDUSTRY	32	
17. FATHER'S NAME (First, Middle, Lest)	3	HOMEMA		HER'S NAME (Firs	HONE t, Middle, Malden Surnar	тю)		
POY 19a. INFORMANT'S NAME (Type/Print)	HTPS		DRESS (Street and Number	I.F.A.N.A.		SE B, Zip Code)		
20e. METHOD OF DISPOSITION 3 Remote A Donetton 5 Other (Specify)	oval from State	b. PLACE OF DISPOSITI	Fourth St. ON (Name of cometery, cren ry Cent. 22. NAME AND ADDRE	natory or	20c, LOCATION ROSII	N — City or	Town, State	
shock, or heert fallure. IMMEDIATE CAUSE (Final	complications that cause	eech line.	TAYLOR F ANNAPOLIS anter the mode of dy	UNERAI MD.	2.1401 erdiac or reapiretory			
shock, or heert fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	e. DUE TO (OR AS	eech line.	TAYLOR F	UNERAI MD.	2.1401 erdiac or reapiretory		Interval Between	
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

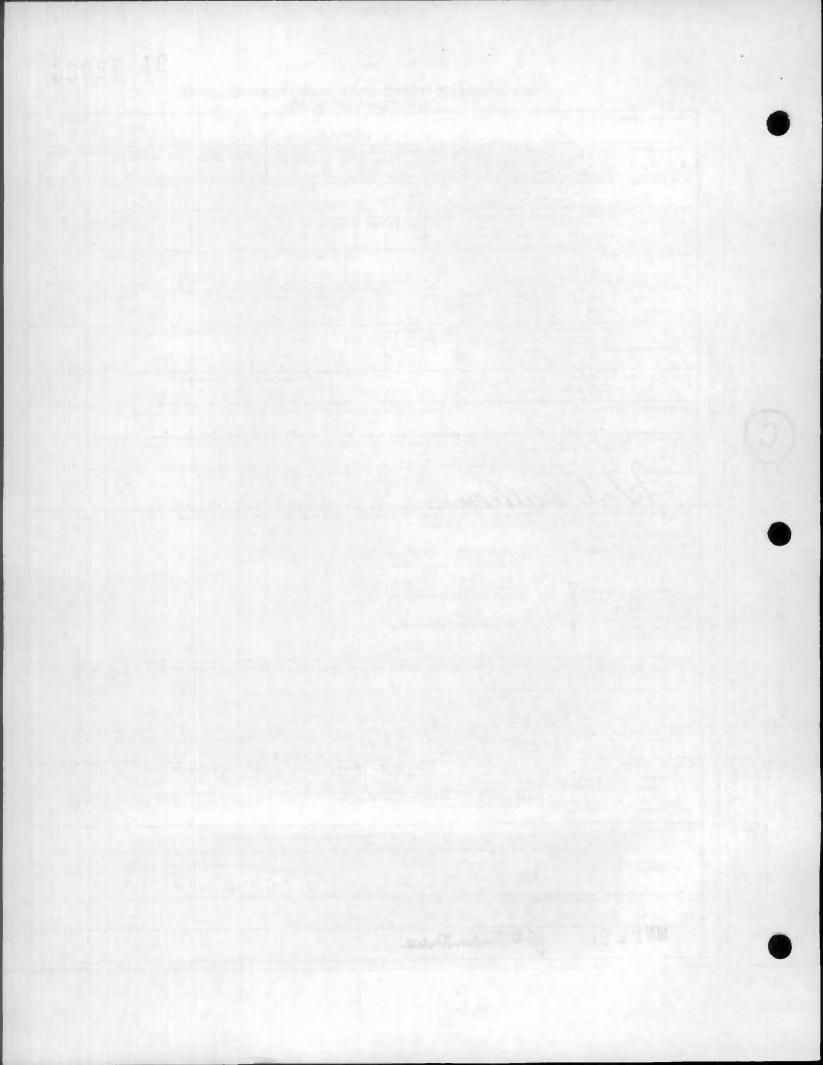
	REGISTRAR											
	1. DECEDENT'S HAME (F	irst, Middle, Last)	+		Schi	/:	7.3	2. DAT MON	E OF DEATH	AY Y	EAR 3.	TIME OF DEA
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- 11	4. SOČIAL SECURITY NU		5. SEX	6. AOE (II	n yrs. last birthday)		-		E OF BIRTH oth, Day, Year)	6.	Country)	ACE (State or F
	218-66-374		1 M 2 D F	2	O THS.	AL OUTV TO			/3/	337		v1and
DIRECTOR	99. FACILITY NAME (# PO	YAle	street and number)	+		96. CITY, C	OWN OR LOCATION	. 1	-	9c. COUNTY	T S	7
EC	10a. STATE	10b. COUNT	TY		10c. Cl	TY, TOWN OR	LOCATION				10	d. INSIDE CIT
10	MD	Anne	Arunde1		Arı	no1d					1	YES 2 K
AL	10a. STREET AND NUMB	ER					10f. ZIP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?
FUNERAL	286 Yale C	t.					21012			U.S	.A.	
5	11. MARITAL STATUS		12. WAS DECEDED				S DECENDENT OF H			s or No— 14		- American Inc
ВУ	1 Never Merried 2 3 Wildowed 4 D		IF YES, GIVE				YES 2 NO				Specify:	
ED B		DECEDENT'S EDI	HICATION		16a. DECEDENT	e Hellat Occi	LIBATION	1 4	bb. KIND OF BU	ISINESS (INDUS	TOV	White
ETE	(Specify	only highest grad	de completed)		(Give kind of	f work done duri use retired.)	ing most of working		b. KIND OF BU	/SINESS/INDUS) INI	
2	Elamentary/Seconder	/ (0-12)	College (1-4 or 5	+)	Mechan				Autom	otive		
COMPL	17. FATHER'S NAME (First	, Middle, Last)			110011011		18. MOTHER	S NAME (First	, Middle, Malden			
EC	George H	lenry	Schmidt				Veda	1	Phelps			
0	190. INFORMANT'S NAME				19b. MAILIN	G ADDRESS (S	Street and Number or		-	vn, State, Zip Co	ode)	
2	Gay Schmid	lt			286	Yale C	t. Arnold	dM B	21012			
	20a. METHOD OF DISPO			20b.	PLACE OF DISPO	OSITION (Name	of cemetery, cremeto	y or	20c. L0	OCATION — CIT	y or Town	, State
	1 Buriel 2 Creme 4 Donation 5 Ot		moval from State	- 11	akemont	Cemete	erv		Day	vidson	ville	e, MD
	21. SIGNATURE OF FLAME						ME AND ADDRESS	DE EACH ITY				
	ZI. SIGNAYAM G	HAL SERVICE L	ICENSES			22. NA	ME AND ADDRESS	A LAOIDILL	4	95 Rit	chi el	-ww.
	23. PARTA. Enter the	diseeses, or r heert fellure (Finel	complications the Liet only one ce	buse on each	ach line.	not enter the	ranco Fu	neral	Home S	oiretory arres	Parl	Approxi
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR		STATE OF A	AARYI AI	ND / DEPAR	TMENT O	HEALTH AN	D MENT	AL UVOIEI	31	3	2886
	1 - STATE REGISTRAR		VIIII VI II	MATTER 1	CERTIF	ICATE C	F DEATH	D MICH	AL MYGIE			
	1. DECEDENT'S NAME (First, Midd	fie, Last)						2. DA	TE OF DEATH			. TIME OF DEATH
	HEL	EN_	LE	WIS		SEM	SA	MD	NTH (YEAR	10.50 AM
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YE			TE OF BIRTH onth, Day, Yeer)	8	BIRTHPI	ACE (State or Foreign
	230-07-1770		1 M 2 X F		73 YRS.	MONTHS DAY	S HOURS MII		11/18/1	7 1	Country)	USA
or	9a. FACILITY NAME (If not institution	on, give st	treet end number)			9b. CITY, TOV	N OR LOCATION O			9c. COUNT		
5	PENINSULA RESIDENCE OF DECEDI	GEN	NERAL HOS	PITAL	4	SAI	ISBURY			W	COM	rco
DIRECTOR		COUNTY		-		Y, TOWN OR LO	CATION					Od. INSIDE CITY
DIA	Maryland Wo	rces	ster		0.00	comoke						LIMITS?
AL	10e. STREET AND NUMBER					I	101. ZIP CODE			10a CITIZE		AT COUNTRY?
FUNERAL	1006 Market	Str	eet				21851			U.S		AI COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDEN			13. WAS	DECENDENT OF HIS	SPANIC ORIG	GIN? (Specify Ye			- American Indian
ВУ Б	1 Never Married 2 Marri	ed	FORCES? 1 IF YES, GIVE W			If yee	specify Cuben, Me YES 2XXNO Sp	xicen, Puerl	o Ricen, etc.)		Black, 1 Specify:	- American Indian, White, etc.
	3 X Widowed 4 Divorced							ouny.			эрвспу.	White
COMPLETED	15. DECEDEN (Specify only high	T'S EDUC	completed)	1	6a. DECEDENT'S (Give kind of	vork done durino	ATION most of working	1	6b, KIND OF BU	SINESS/INDUS	TRY	
7	Elamentery/Secondery (0-12)		College (1-4 or 5 +)	Housev				Domes	+ i -		
)MF	11 17. FATHER'S NAME (First, Middle,	(1)	1		nousev	viie						
	Manning L							name (Firs	t, Middle, Meider	Surname)		
BE	19a. INFORMANT'S NAME (Type/Pr)		105 MAILING	4000500 (O.						
2	Theodore A. M	-	r				el and Number or Ru					
	20a. METHOD OF DISPOSITION			20h PI	LACE AND DATE		ick Dr.,			CATION - CIT		
	1 Burlel 2 Cremation 3 4 Donetion 5 Other (Spec	☐ Remo	eval from State	cemete	ry, cremetory or of rksley	her placel		1				
	21. SIGNATORIE OF FUNERAL SER	VICE LIC	INSEE 7	I Fa	ryzień		AND ADDRESS OF	FACILITY	/15/91	Park	srey	, VA.
	John 1	1 1	1.1.00	-	1	Wil	liams-Pa #176, P	rksle	y Fune	ral Ho	me,	Inc.
-	23 PADE I Enter the disease	- 12	ullu	ans	_	Rt.	#176, P	arksl	ey, VA	. 2342	1	
	23. PART I. Enter the diseas ahock, or heart t	allura. L	ist only one caus	se on aaci	h line.	ot anter tha	moda of dying, a	nuch as ca	irdiac or rasp	iratory arres	t,	Approximata interval Batween
	IMMEDIATE CAUSE (Final disease or condition		Card	lia.	A	L						Onset and Death
	reaulting in death)		Cano		ONSEQUENCE OF							
7			A	1 1-0		mI						
5	Sequantially list conditions, if any, leading to immediate	1 '			ONSEQUENCE OF):						
CA	cause. Enter UNDERLYING	1.	Ca	ona	My A	theu	sclou	085.				
E	CAUSE (Disease or injury that initiated evanta)	DUE TO (OR AS A CO	DNSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	La										
. 1	PART II. Other significant co	nditions	contributing to	death but	not regulting i	n the underly	las souss above	In Deat 1	T			
8	- Hear		Failm	e.	not readiting i	ii the underly	ing causa givan	in Part I.	24e. WAS AN PERFOR		Ale	AILABLE PRIOR TO
ED	0	rul	fall	Tune					1 TYES 2	□ NO		OMPLETION OF CAUSE F DEATH?
Σ		h t	35.0 as-	10006		0100	~ ~~ 1				1	YES 2 NO
AN	25. WAS CASE REFERRED TO MED	ICAL	>> UNU-		(1) (1)	istell	PLACE OF DEATH	(Ob 1 1				
PHYSICIAN: MEDICAL	EXAMINER?		HOSPITAL:	ER/Outpetie	mt 2 🗆 004	OTHER:						
H	27. MANNER OP DEATH		26e. DATE OF I	NJURY	28b. TIME		ome 5 Resident	-	er (Specify)	N IIIIW OCCUR	50	
ВУ Р	Natural 5 Pendir		(Month, Day	y. Year)	INJ	JRY	WORK?	200. 5	LOW I	NJOHY OCCUP	ED	
- 10	2 Accident Investi 3 Suicide 8 Could		26e. PLACE OF	INJURY -	At home, term, e			281.10	CATION (Street	and Number or	Dural Dout	Alumbas
E	4 Homicide detarm		building, a	itc. (Specify)				Cit	y or Town, State)		rigrar riogi	e reamber,
COMPLETED	29e. CERTIFIER 1 CERTIFYING	PHYSIC	IAN: To the best of n	my knowledg	n deeth coours	d at the time of						
N N	(Check only one) 2 MEDICAL E	XAMINER	On the beele of exa	mination en	nd/or investigation	. In my pointon	death occurred at 1	dua to lhe c	euse(e) end mai	ner as stated.		nd mannar as sleted.
	29b. SIGNATURE AND TITLE OF CE		11	-					a and placa, en	d due to tha c	ause(e) e/	nd mannar as sleted.
BE	Or or		Ma	-	9 "		29c. LICENSE N	-	2 /		GNED IM	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERG	ORW NO	COMPLETED CALIS	OF DEATH	(ITEM 27) (%ma	Print)	1 1) -	150:	96	11/4	217	/
	2 H.R. Hoe	la	614 €	act (en sv	are Dr	ive . s.	ALIS	BUNY	· M.D.	21	801.
/	31. DATE THE (Month, Da) (164)		Fine Day	6 SIGNATU	25							
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June Davidson-Randoll



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for use as the bunal-transit permit. Pages 1, 2, 3 should tal or attending physician. notified at once. Раде 6 тау be pe must other traumatic event, the medical examiner the funeral after death. removal filled in by ö cremation, and completely certificate has been signed by the attending physician and con h the State Oept. of Health and Mental Hygiene prior to bunal, 0 shows any injury, 23 Item ! 0 death with t 28 is marked, TO THE HOSPITAL OR ATTENDING I TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death If Item IMPORTANT:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH

REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH SULZER GARY 15 91 7:10 рм 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 4-20-55 9a. FACILITY NAME (If not Institut 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY erna 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Roa 2 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-If yes, specify Cuban, Mexican, Puarto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life Do NOT use relired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First Middle Last) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 2 a 20e. METHOD OF DISPOSITION
1 □ Burlel 2 Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (NE PATE 20c. LOCATION - City or Jo 4 Donetion 5 Other (Specify) ma781 Cai 21. BIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BARRANCO SEU. PK. MO 23. PART i. Enter the disesses, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, Dr heart failure. List Dnly Dns cause of each line. Intervel Between IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition resulting in death) host Monte DUE TO (OR AS A CONSEQUENCE OF): Myelogneous NAONIL CERTIFICATION Sequentistly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Minpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending BY 1 YES 2 NO Accident Investigation 28a. PLACE OF INJURY — At home, 1erm, street, factory, offica building, atc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Tritera 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MO Anne Arendel Sevenia Rock St White RECHARGE DEPT & P. DEPT AMUS HEAVY Sutzaw Leading Jam Leveling metro mentry when consulty ma Company of the 1848 of 1848

BALTIMORE MARKLAND 21215-0020	IONG PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 min per fails in the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director man mount of detached for use as the burial-transit perrocath with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	a manufact on them 20 about our fairner our others formand the month of the manufact.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Nov. 20, 1991 YEAR Walter Franklin Strausbaugh 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
Sept. 26, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 214-09-5011 DAYS HOURS Pennsylvania 1 X M 2 F 1907 YRS 9a. FACILITY NAME (if not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 55 E. Washington Street 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--If yea, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Specify only highe 186. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) labor shoe manufacturing notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Strausbaugh Mary Ellen Green BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 George A. Strausbaugh 24 Wayside Avenue Hagerstown, Maryland 21740 90 20a. METHOD OF DISPOSITION
1X | Burlal 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 11/22 Rest"Haven Cemetery Hagerstown, Maryland Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter tha diseasas, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failura. List only one cause on each line. Intervel Batwean IMMEDIATE CAUSE (Final Onsat and Daath disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Cardio-Res the oschenot CERTIFICATION Sequantially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING Guicondidis Transe Corey , Domatody CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated avents recuiting in death) LAST 6 newwwwig PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetlant 2 - ER/Outpetlent 3 - DOA 4 Nursing Home 5 Realdenca 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: hours after Item 28 I 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER

*** CERTIFYING PHYS CIAN To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) end menner ee stated. 296. SIGNATURE AND TITLE OF CENTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 204262 123 NOV 1991 0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAN & SIGNATUME.

perained by the hospital or attending physician.
Stoud be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dealing the continuate has been signed by the attending physician and completely filled in by the function of the continuation o

31. DATE FILED (Month, Day, Year) 191

MARYLAND 21215-0020

BALTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

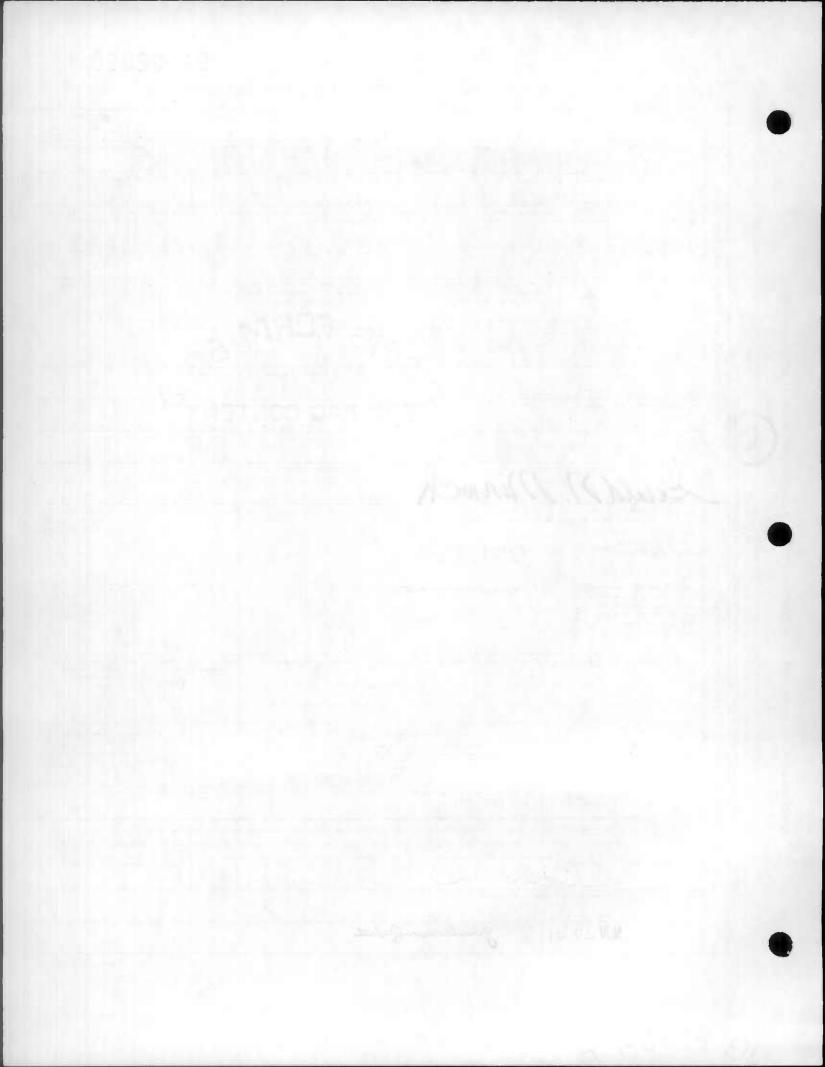
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	1 - STATE REGISTRAR	STATE OF N			RTMENT OF I		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last))LITTI	TOATE OF	DEATH	REG. NO			3. TIME OF DEATH		
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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPI	LACE (State or Foreign		
	135 16 7764	1 M 2 F	69	YRS.	MONTHS DAYS	HOURS MIN.	10/4/22			York		
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION OF		9c. COU	NTY OF DEA			
OR	Washington Coun	ty Hosp	ital		Hagers	town		ton				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											
DIRECTOR	New Jersey Ber	con			Y, TOWN OR LOCA Odi	TION				Od, INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	gen		T.				1				
RA	7 D De Vires P	ark			10	f. ZIP CODE				AT COUNTRY?		
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ВУ	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE W	AH OH DATES		1 U YES	2 NO Spec	elfy:		Specify:	171a ÷ + -		
ED	15. OECEDENT'S EDUC (Specify only highest grade of		16a. C	DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/IND	USTRY	White		
	Elementary/Secondary (0-12)	College (1-4 or 5+) //	ife. Do NOT u	work done during me se retired.)	ost of working						
MP			h	ouse	wife		hom	e				
COMPLETE	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maiden	Surname)				
BE		Di Cast	azo			Lucy	Bu	gelo	ne			
10	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, City or Tow	n, State, Zip	Code)			
	Anthony Sasso			110 1	Villow	Grove	St. Hacke	ttst	own,	N.J.0784		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetlon 3 Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of Commetter), Cremetlon 5 Other (Specify) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac St											
	Leun)	· 1/W	MICH		Fune	ral Hom	ie I	lage	rstor	wn, Md.		
	23. PART I. Enter the diseases, or consher ahock, or heart failure. L	omplications that	causad tha d	death. Do r	not enter the mo	da of dying, au	ch aa cardiac or raspi	ratory arr	est,	Approximate		
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	disease or condition reaulting in death)	. Oly	Johns	yec	ry T	arlue	e			Herrich		
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AT	if any, leading to immediate cause. Enter UNDERLYING	502 10 (ON AS A CONSI	EOUENCE OF	-):							
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R	resulting in death) LAST											
2										1		
Y	PART II. Other aignificant conditions	contributing to	death but not	resulting (n the undariying	g causa given in	Part i. 24s. WAS AN PERFOR	AUTOPSY MED?		ERE AUTOPSY FINDINGS		
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M	- rense	- 40	relu	el.					1	YES 2 NO		
ä		U										
O O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. Pt OTHER:	ACE OF DEATH (C	heck only one)					
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	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF I (Month, Da	y, Year)	28b. TIMI		URY AT RK?	28d. DESCRIBE HOW I	JURY OCC	URED			
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TED	3 Suicide 6 Could not be 4 Homicide datarmined	building, e	rinjury — Af h	ome, farm, s	treet, factory, offic		281. LOCATION (Street e City or Town, Stete)	nd Number	or Rural Rou	te Number,		
COMPLET	290. CERTIFIER CHOCK only	AN: To the beet of r	ny knowledge, d	leath occurre	d at the time, date	end place and du	to the cause(a) and man	nor no etc.	vd.			
N C	one) 2 MEDICAL EXAMINER	On the basic of exi	mination end/or	Investigation	n, in my opinion, d	eath occured at the	fime, data end place, end	due to the	ru. . ceuse(e) e	nd mannar ee stated		
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8	Hour 7.	There	2 2	ed		D 19	824			onth, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITE	EM 27) (Type	Print)	* 1	9	- /	60.0	23 1991		
	(10)1A	T P	CCRA	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	366	MILI	CF 1	Long	2 .	1- 45		

32. REGISTRATE SIGNATURE
Julia Davidson-Randelle

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DIVISION OF VITAL RECORDS, P.O. BOX 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Programmer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral centers be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner quest by	ı
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FOR STATE REGISTRAR		C	CHILL	CAIE OF	DEATH		REG. NO	J.		
1. DECEDENT'S NAME (First, Middle, Last)	11		CITA	NEB	FPIFA	2. DATE MONT	OF DEATH	DAY 23 Y	YEAR	3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		MONTHS DAYS	HOURS MIN.	(Monti	OF BIRTH		Country	
9a. FACILITY NAME (If not institution, give s	Ι.Λ	82	THS.	at arm mount			6/09			ginia
Williamsport N		Home			or Location of D AMSPORT	EAIN		9c. COUNT		gton
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		trome	40. 0171					I wasi	1111	
				TOWN OR LOCA						10d. INSIDE CITY LIMITS?
Maryland Wash:	ington		На	gerst	OWII or, zip code			T 10+ CITIZE		1 X YES 2 NO
43 Alexander S	t.			l "	21740			USA		TIAT COOKINT
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1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NAR OR DATES	Қио		pecify Cuban, Maxico S 2 X NO Special		Rican, atc.)		Specif.	White, atc.
15. DECEDENT'S EDU	I CATION		25050511710					1		White
(Specify only highest grade	completed)			JSUAL OCCUPAT ork done during rr retired.)		166	KIND OF B	USINESS/INDUS	SIRY	
Elementary/Secondary (0-12) 4 VYS.	College (1-4 or 5		river			f	uel .	oil co	omp.	anv
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	_			Jin p	arry
Charles :	Stonebe:	rger			Matti	e L	ee i	Norman	า	
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Num	ber, City or To	wn, State, Zip C	Code)	
Cora A. Stoneb	erger		11 W.	Balt:	imore S	t.	Hage:	rstown	n, i	Md. 2174
20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Rem	noval from State	other	place)	-	emetery, crematory or		1	OCATION — CI		
4 Opnation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI	OFNORE	Rose	Hil.	7	tery		Ha	gerst	own	, Maryl
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shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in deeth) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Sulcide 4 Homicide 8 Could not be datarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BICIAN: To the beat of ER COMPLETED CALL.	DO (OR AS A CONS D) (OR	SEQUENCE OF SEQUENCE OF the resulting in the sequence of the s	Gera Fune: Cot enter tha m Cot enter t	Id N. M: Cal Home oda of dying, such oda of dying,	inni chas can pert I. Bert I. Check only o Chy can the Can t	24e. WAS / PERF 1 TYES are (Specify) SCRIBE HOV CATION (Street or Town, Ste	Hagers piratory arrea an Autopsy DRMED? 2 NO vinjury occupation and Number of the the the the the the the the the the	24b.	WIT, Md. Approximate interval Betwo Onset and De Onset a



TO BE COMPLETED BY FUNERAL DIRECTO

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

29b. SIGNATURE AND TITLE OF CERTIFIER

Jesus H.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

Frostburg Plaza

32. REGISTRAR SOIGNATURE Juna Daydson-Randall

REGISTRAR		011111111111111111111111111111111111111				OF DEATH	MENTAL HY	G. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DE	ATH		3. TIME OF DE	EATH
Raymo	and			Spur1	ing		Novembe	r 23	YEAR	3:35	p.m.
4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIR			HPLACE (State of	_
000 00 556		M 2 F			IONTHS DA		(Month, Day,		Coun	try)	
232-32-5766	, ,	•••		- 100			April 1			refield,	W. Va.
9a. FACILITY NAME (If not ins				1	9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. CO	UNTY OF I	DEATH	
Moran Mano		ing Home	2		West	ernport		A	lleg:	anv	
RESIDENCE OF DEC	10b. COUNTY			10c. CITY,	TOWN OR L	OCATION				10d. INSIDE C	ITY
Maryland	A 1 1	egany			11					LIMITS?	
10e. STREET AND NUMBER	ALL	egany			weste	rnport		100.0	ITIZEN OF	WHAT COUNTRY	
						101. 21F CODE		log. C	THEEN OF	WINAI COUNTAI	
288 Main						21562			USA		
11. MARITAL STATUS 1 Never Merried 2 1 3 Wildowed 4 Divor	Married		IT EVER IN U.S. AR YES 2 1		If yo	DECENDENT OF HISPA s, specify Cuben, Mexico YES 2 X NO Specifi	en, Puerto Ricen,		14. RAC Blac Spec		
3 M mooned 4 Divor										White	9
15. DECE (Specify only	Highest grade co	TION ompleted)	(G	CEOFNT'S U	rk done durin	PATION ag most of working	16b. KINO	OF BUSINESS/I	NOUSTRY		
Elementery/Secondery (0-	-	College (1-4 or 5	life.	Do NOT use	retired.)						
Unknown				Unl	cnown			Unkno	wn		
17. FATHER'S NAME (First, Mi	ddle, Last)					18. MOTHER'S NA	AME (First, Middle,	Malden Surname)		
		Unknown	1			TITLE !	Unknown				
19a. INFORMANT'S NAME (7)	pe/Print)		19	b. MAILING A	ADDRESS (St	reet and Number or Rural	Route Number, City	or Town, State,	Zip Code)		
Moran Manor	Nursi	ng Home		200	01011	on Avenue	Hankan		W1 2	1560	
20. METHOD OF DISPOSITI	ON	07-1-12-1-12	20h PLACE			of cemetery, cremetory or		20c. LOCATION			
1 Burial 2 Crematio	n 3 🗆 Remov	al from State	other pi	ace)		-11					
4 Donetion 5 Other			- Alle	egany		ty Cemeter		Cumberl	and,	Marylan	.d
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE O			22. NA	ME ANO AOORESS OF FA	ACILITY	85 S	. Ma	in Stre	et
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22 DADT I Enter the di	470	mallantlana th	at soused the de	oth Dono							
23. PART I. Enter the di ahock, or he			uae on each line		t anter the	a moda or dying, au	on wa cardiac o	r respiretory	arreat,	Approx	imate I Betweer
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disease or condition resulting in deeth)	+ .		20108	20							
resuring in deeth)		DUE TO	(OR AS A CONSE	OUENCE OF)	:						
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Sequantielly list conditi		OUE TO	OR AS A CONSE	OUENCE OF							
If any, leading to immediates. Enter UNDERLYI											
		OHE TO	OR AS A CONSE	OLIENCE OF						-+	
CAUSE (Diseese or Inju		002 10	(OIL AS A CONSE	ardenoe or ,							
CAUSE (Diseese or Inju	T										
CAUSE (Diseese or Inju	d.										
CAUSE (Disease or injuthat initieted events resulting in deeth) LAS	d.	contributing to	deeth but not	resulting in	the unde	rlying cause given in	Part I. 24s.	WAS AN AUTOPS	SY 24	b. WERE AUTOPS	Y FUNDINGS
CAUSE (Disease or Injuthat initieted events resulting in daeth) LAS	nt conditions			_	the unde	rlying cause given in		WAS AN AUTOPS PERFORMED?	SY 24	AVAILABLE PR	IDR TO
CAUSE (Disease or Injuthat initieted events resulting in daeth) LAS	nt conditions		Do year	_	the unde	rlying cause given in			SY 24		IDR TO
CAUSE (Disease or Injuthat initieted events resulting in daeth) LAS	nt conditions			_	the unde	rlying cause given in		PERFORMED?	SY 24	AVAILABLE PR	IDR TO DF CAUSE
CAUSE (Disease or Injuthat initieted events resulting in daeth) LAS	nt conditions			_	the unde	rlying cause given in		PERFORMED?	3Y 24	AVAILABLE PR COMPLETION OF DEATH?	IDR TO DF CAUSE
CAUSE (Disease or Injusthat initiated events resulting in daeth) LAS	d.			_		rlying cause given in	10	PERFORMED?	3Y 24	AVAILABLE PR COMPLETION OF DEATH?	IDR TO DF CAUSE
CAUSE (Disease or Injust that initiated events resulting in death) LAS PART II. Other aignifications of the control of the co	d. nt conditions	HOSPITAL:	Diger	7	OTHER:	28. PLACE OF DEATH (C	1 []	PERFORMED? YES 2XXNO	SY 24	AVAILABLE PR COMPLETION OF DEATH?	IDR TO DF CAUSE
CAUSE (Disease or Injust that initiated events resulting in daeth) LAS	d. nt conditions	HOSPITAL:	Dr jes	B DOA	OTHER:	28. PLACE OF DEATH (C	heck only one)	PERFORMED? YES 2 NO		AVAILABLE PR COMPLETION OF DEATH?	IDR TO DF CAUSE
CAUSE (Disease or Injurthat initiated events resulting in death) LAS	d. nt conditions	HOSPITAL: 1 Inpatient 2 28e. DATE 0	Dr jes	7	OTHER: 4 Nursing OF 28	28. PLACE OF DEATH (C	heck only one)	PERFORMED? YES 2XXNO		AVAILABLE PR COMPLETION OF DEATH?	IDR TO DF CAUSE
CAUSE (Disease or Injust that initiated events resulting in daeth) LAS: PART II. Other aignification of the control of the co	D MEDICAL Pending investigation Could not be	HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month,) 26a. PLACE	Dr jes	B DOA 28b. TIME	OTHER: 4 Nursing OF 28	28. PLACE OF DEATH (C) Home 5	1 [] heck only one) 8 [] Other (Spe- 28d, DESCRIBI	PERFORMED? YES 2 NO City) E HOW INJURY ((Street and Num	OCCURED	AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	IDR TO DF CAUSE
CAUSE (Disease or Injust that initiated events resulting in daeth) LAS: PART II. Other aignificates: 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 2 Accident 3 Suicide 8	d. nt conditiona A D MEOICAL Pending investigation	HOSPITAL: 1 Inpetient 2 28a. DATE 0 (Month,) 26a. PLACE	ER/Outpetlent () F INJURY Day, Year) OF INJURY — At In-	B DOA 28b. TIME	OTHER: 4 Nursing OF 28	28. PLACE OF DEATH (C) Home 5	heck only one) 8 Other (Specarion) 28d. DESCRIBI	PERFORMED? YES 2 NO City) E HOW INJURY ((Street and Num	OCCURED	AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	IDR TO DF CAUSE

29c. LICENSE NUMBER

J212 44

Frostburg. Md.

29d. DATE SIGNED (Month, Day, Year) 11/25/5

or attending physician. or use as the burial-transit permit, Pages 1, 2, 3 should

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

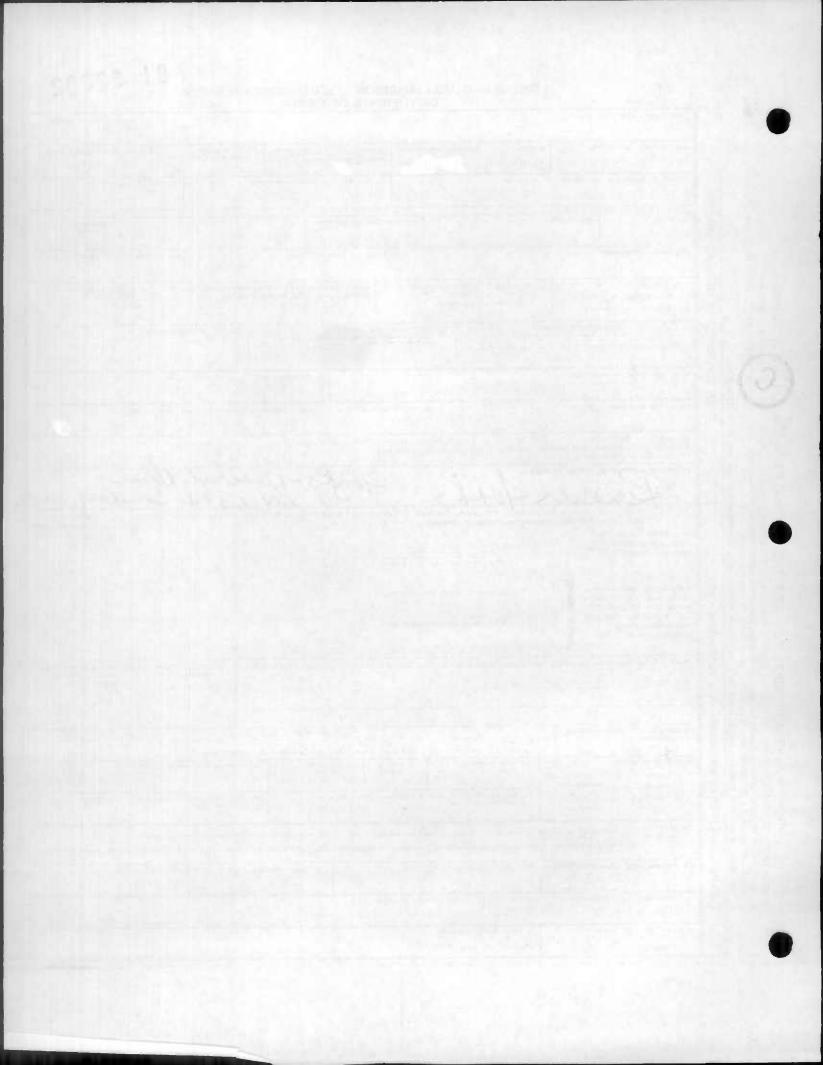
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retuin TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 size be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

121215-0020

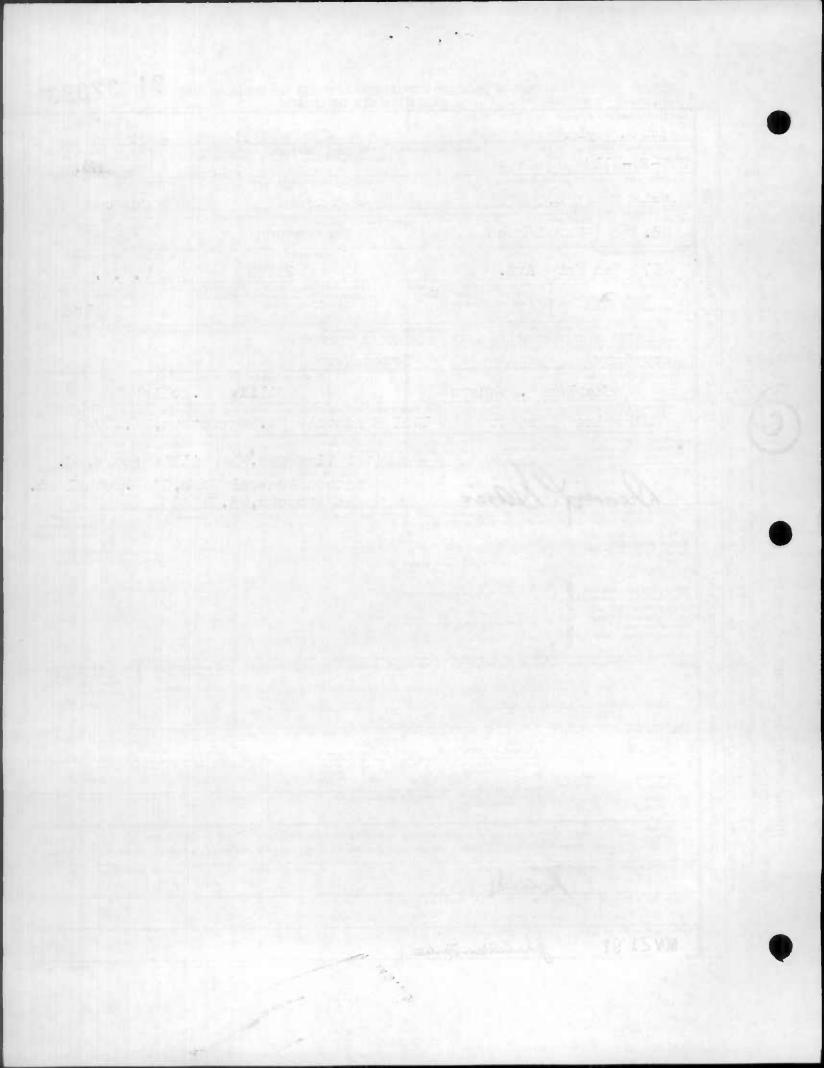
BALTIMORE, WA

	1 - STATE REGISTRAR	0.11.12 01 11	CI	ERTIF	ICATE (OF DEA	TH	MENIA	REG. NO			a ba
	1. OECEOENT'S NAME (First, Middle, Last)		75		107	J. D.		I 2. DATE	OF DEATH			3. TIME OF DEATH
	BABY GIRL TRUITT	1						MONT	H D	AY	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE	FAR IF UNDE	ER 24 HRS.		9/9() OF BIRTH			ACE (State or Foreign
	900-19-9267	1 M 2 F		vaq.		AXS HOURS	MIN.	(Monti	n, Day, Year)		a. BIRTHPI Country)	_ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	Δ.				4			9/90		Mary	
oc	PENINSULA GENERAL					WN OR LOCAT					TY OF DEA	
5		HUSPITAL	al .		SA	LISBUR	(Y, 1	AD UP		MIC	COMIC	0
EC	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	v		Lane CIT	TY, TOWN OR L							
DIRECTOR										10d. INSIGE CI LIMITS?		
	100. STREET AND NUMBER	comico			Salis	-	(F) (==	1000	Septime 1	30/ 00		X YES 2 NO
AA		1				10t. ZIP COD	DE			10g. CITIZ	EN OF WH	AT COUNTRY?
W W	6865 Mt. C										USA	
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECENDENT (OF HISPA	NIC ORIGIN	? (Specify Yes	or No	14. RACE -	- American Indian, White, etc.
72	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		40		YES 2 NO			Rican, atc.)		Specify:	
	3 Wiscomed 4 Divorced										ороопу.	Black
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE	CEOENT'S	Work done durin	PATION	ina	16b.	KIND OF BUS	SINESS/INDU	JSTRY	
W	Elementary/Secondary (0-12)	College (1-4 or 5 +		. Do NOT u	se retired.)	y most or works	ng					
F												
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-		16. MOT	HER'S N/	AME (First. A	fiddle, Malden	Sumamal		
	Hilton Tim	nmons							Trui			
BE	19a. INFORMANT'S NAME (Type/Print)	11110113	191	h MAII INC	G AODRESS (Str	mat and Numbe	n on Burnt	Davida Africa	- 04			
2	Lisa Annett	o Thuit										
	20e. METHOD OF DISPOSITION	e munu			65 Mt		ve (
	1 X Buriel 2 Cremetion 3 Remo	oval trom State	cometery, crei	matory or o	OF OISPOSITION			OATE		CATION C		
	4 Donetlon 5 Other (Specify)		Gre	en i	Acres				Sa	lisb	ury,	Md 21801
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE	1)		22 NAM	E AND ADDRE	SS OF FA	CILITY	rel	Mar	MR_	/
	THE MODE	V JIL	1/1		4700	77	12	1 1	-711	MC	101	my sta
	22 DADY I Enter the diseases or o	The state of the s	90		1	-0-	YOU	1/	74	9	7/120	
	23. PART I. Enter the diseases, or cahock, or haart failure. I	List only one cau	ae on each lina	ath. Do i	not anter the	moda of dy	Ing, suc	ch ss card	lac or reapl	ratory arre	at,	Approximate Interval Between
	IMMEDIATE CAUSE (Final											Onaat and Dasth
	disease or condition resulting in desth)	Ext	reme Pre	emati	urity							
		DUE TO	(OR AS A CONSEC	DUENCE O	F):							
Z		b.										
임	Sequentially ilst conditions, if sny, laading to immediate	DUE TO	(OR AS A CONSEO	DUENCE O	F):							
S	cause. Enter UNDERLYING											
E	CAUSE (Disease or Injury that Initiated evants	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							-
CERTIFICATION	resulting in death) LAST											
8				-								ļ
A	PART II. Other algnificant conditions	s contributing to	death but not re	eaulting	in the under	ying ceuse (givan In	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
DICAL									PERFOR			MILABLE PRIOR TO OMPLETION OF CAUSE
MED								_	1 TYES 2	□ NO		F OEATH?
								_			1	YES 2 NO
PHYSICIAN:	JE WAS CASE DEFENDED TO MEDICAL											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF D	EATH (Ch	eck only one)			
XS	1 YES 2 NO	1 🕅 Inpatient 2 🗆	ER/Outpetlent 3	□ DOA		Home 5 - Re	esidenca	a 🗆 Other	(Specify)			
H	27. MANNER OF OEATH	28e. OATE OF (Month, Da	INJURY	28b, TIM	E OF 28c.	. INJURY AT WORK?		2ad. OES	CRIBE HOW IN	NJURY OCCU	JREO	
BY	Natural 5 Pending Accident Investigation		,	1113		YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At hon	me, farm,	atreet, factory,	offica		28t, LOCA	TION (Street a	nd Number o	r Rumi Rou	n Number
回	4 Homicide determined	building, i	etc. (Specify)					City o	r Town, State)			, , , , , , , , , , , , , , , , , , , ,
COMPLETED	29e. CERTIFIER											
P P	(Check only	SIAN: To the best of a	my knowledge, das	nth occurre	ed at the time,	date and place.	, and due	to the caus	e(a) and man	ner an atatec	d.	
ō I	One) 2 MEDICAL EXAMINER	On the beals of ex	amination and/or in	nvestigatio	n, in my opinio	n, death occur	ed at the	time, data	end placa, and	d due to the	cause(e) ar	nd menner as stated.
w II	296. SIGNATURE AND TITLE OF CERTIFIER	111/				29c, LICE	ENSE NUM	MBER		29d DATE	SIGNED (M	onth, Day, Year)
0	X OF II	MCC	Copun				9665				1/26	1 .
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS			Desett						1000	(/
	STephen Cooper	110 Power	- St. Sa	1 ish	ury MD	21801						
				2100	urj ,11D	21001						
	31. DATE FILED (Month, Day, Year) DEC 2 1991		A'S SIGNATURE	li co	,							
- 16	DLU ~ [33]	Truthan Lang	a -1 - Manch	STATE OF								



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1. DECEDENT'S NAME (First, Middle, L								2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
Edith M. Taylor								11-	- 19		91	3:00pm
215-20-3714	5. SEX 1 M 2 F	6. AGE (In yrs. last	YRS.	MONTHS	1 YEAR DAYS	HOURS	24 HRS.	(Month	Day, Year)		6. BIRTHI Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, g				9b. CITY,	TOWN O	R LOCATI	ON OF DE			-	ITY OF DE	EATH
Avalon Home In				На	ger	stow	1			Was	hing	ton
10e. STATE 10b. COI W a	shington		10c. CIT	Y, TOWN O	Hag	gers		n		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
574 Pen Ma	r Ave.		07.77.00					HAT COUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)					14. RACE — American Indian, Black, White, etc. Specify: Black						
15. DECEDENT'S (Specify only highest g Elementery/Secondary (0-12) Secondary	College (1-4 or 5	(Giv	ne kind of w Do NOT us	USUAL OC work done d se retired.)	turing mos	st of working	ng	16b.	KIND OF BU	SINESS/INDU	USTRY	
17. FATHER'S NAME (First, Middle, Last)						18. MOTI			liddle, Maiden			
19a. INFORMANT'S NAME (Type/Print)	es H.Joh		***							Holle	4.5	
Catherine 20a_METHOD OF DISPOSITION	Burnett	196.	021	E I	(Street at	al e	or Rural F	Hag	er, City or Tow	own, Stete, Zip	code)	1740
t M-Surial 2 Cremation 3 F 4 Donation 5 Other (Specify)		cemetery, crem	natory or of	RIVE	r V	iew	0.01		1 Wi	llian	ispo	rt.Md.
· Denning	Y Nas	rio		W	Hag	on :	Fund	eral	. 277	10		ethel S
×10 .	or complications the	et coused the dee use on each line.		not enter t	Hag the mod	on :	Fund	eral	. 277	10		Approximete intervel Betw
23. PART I. Enter the diseases, ahock, or heert fell, iMMEDIATE CAUSE (Final disease or condition	e. Coron DUE TO	see on each line.	TOSC UENCE OF	leros	Hag the mod	on :	Fund	eral	. 277	10		Approximete intervel Betwo
23. PART I. Enter the diseases, shock, or heart fell, iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditione,	e. COYON DUE TO DUE TO	ary athe	TOSC UENCE OF	leros	Hag the mod	on :	Fund	eral	. 277	10		Approximete intervel Betwo
23. PART I. Enter the diseases, shock, or heert fell, iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. COYON DUE TO DUE TO	ary athe: OR AS A CONSEOL	TOSC UENCE OF	leros	Hag the mod	on :	Fund	eral	. 277	10		Approximete intervel Betwo
23. PART I. Enter the diseases, shock, or heert felt, iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitleted evente	e. COYON DUE TO C. DUE TO d	ary athe: (OR AS A CONSECU- (OR AS A CONSECU- (OR AS A CONSECU-	YOSC UENCE OF UENCE OF	leros	ats Hag the moo	son :	Fun (eral. A NI d A S Card	. 277	AUTOPSY MMED7	24b. (Approximete intervel Betw Onset end Do hours
23. PART I. Enter the diseases, shock, or heert felt iMMEDIATE CAUSE (Final disease or condition reculting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant condit Diabetes mel. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	complications the List only one cau e. COYON DUE TO c. DUE TO d. Clons contributing to	ary athe: (OR AS A CONSECU- (OR AS A CONSECU- (OR AS A CONSECU-	YOSC UENCE OF UENCE OF	leros	Hag the moo	ceuse g	town ng. such	Pert I.	ec or resp 24s. WAS AN PERFOR	AUTOPSY MMED7	24b. (Intervel Betw Onset end Do hours
23. PART I. Enter the diseases, shock, or heert felt immediate CAUSE (Final disease or condition reculting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant condit Diabetes mel. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XXI NO	COYON DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetlant 2	ary athe: (OR AS A CONSEOL (OR AS A CONSEOL (OR AS A CONSEOL deeth but not re	YOSC UENCE OF UENCE OF	leros ieros ieros ieros ieros ieros	Hag the mod sis	ceuse g	town ng. such	eral. A. M.d. Pert I.	ec or resp 24s. WAS AN PERFOR	AUTOPSY MMED7	24b. (Approximete intervel Betw Onset end Do hours Hours WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS
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23. PART I. Enter the diseases, shock, or heert feir immediate CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significent condit Diabetes melimates and investigation of the condition o	COYON List only one cau e. COYON DUE TO b. DUE TO d	ary athe: OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU deeth but not re: ER/Outpatient 3 [INJURY ey, 'bear'] FINJURY — At hom etc. (Specify) my knowledge, deat	TOSC UENCE OF UENCE OF UENCE OF 28b. TIME 1NJt. 10b. term, st	OTHER 4 Nursi	the modern the modern	Ceuse g	iven in I	Pert I. Ck only one 8 Other 28d. DESC	24s. WAS AN PERFOR 1 YES \$ 2 (Specify) TION (Street Town, State)	AUTOPSY MED? AUTOPSY MED? AND NO OCCU and Number of	24b. 1	Approximete intervel Betw Onset end Do hours hours hours were autopsy findin analize prior to completion of caus of Death?
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ACUTE MYOCHIGIN IN BACHON 1 RONSEZ DIMOA Attrial Figni (Lation באיליתוב ליות ליות בינים Margare Mary

, P.O. BOX 68760, BALTIMORE MARYLAND 21215-0020	he law requires that the death certificate be executed within 24 hours after death. Page 6 mm to refer the propriet or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	y, or other traumatic event, the medical examiner must be natified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, LUALTER 4. SOCIAL SECURITY NUMBER	WROBLEWS	SKI		2. DATE OF DEATH		YEAR 3. TIME OF DEATH		
	096-16-2522 9a. FACILITY NAME (If not institution,	1 M 2 - F	70 YRS.	IF UNDER 1 YEAR IF UNDER 24 H HONTHS DAYS HOURS M 9b. CITY, TOWN OR LOCATION C	(Month, Day, Year) 6-26-192	1 1	BIRTHPLACE (State or Foreign Country) VEW YORK		
DIRECTOR	St. COOKIT OF DEA								
	MARYLAND 10e. STATE 10b. CC	CHARLES		DORF		1	10d. INSIDE CITY LIMITS? 1 YES 2 N NO		
FUNERAL	HWY 228, BOX 17	7E-1		20603			N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED 2 1 NO DATES	13. WAS DECENDENT OF HI If yea, specify Cuban, M. t YES 2 / NO S	xican, Puarto Rican, atc.)		Black, White, etc. Specify WHITE		
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 +)	18e. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during most of working	18b. KIND OF BI	JSINESS/INDUS	TRY		
MPL	12TH		AIR COND	& REFRIG. RE	PAIR COUNT	Y SCHO	OL SYSTEM		
	17. FATHER'S NAME (First, Middle, Las				NAME (First, Middle, Maide	n Surname)			
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or R			ode)		
2	JOSEPHINE S. WR			8, BOX 177E-1					
	20e METHOD OF DISPOSITION 1 \(\text{A Buriel 2} \subseteq Cremetton 3 \subseteq 4 \subseteq Donayon 5 \subseteq Other (Specify)	Removal from State	b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c. L	OCATION - CIN	or Town. State		
	The state of the s	BLANKENSHIP, N		P.O. BOX 156	THE HU	NTT FUI	M, MARYLAND NERAL HOME,INC ND 20604-0156		
CERTIFICATION	23. PART I. Enter the diseases, shock, or heert fell immediate CAUSE (Finel disease or condition recuiting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in death) LAST	e. RSP DUE TO (OR AS DUE TO (OR AS	RATORIA CONSEQUENCE OFI		RE		Interval Between Onset end Deeth		
MEDICAL	PART II. Other significent cond		out not resulting in	the underlying ceuse given	In Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	10	26. PLACE OF DEATH	(Check only one)				
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inputlant 2 ER/Out 28a. DATE OF INJURY		☐ Nursing Home 5 ☐ Realden	ce 8 Other (Specily) 2ed. DESCRIBE HOW	IN ILIBA OCCUB	sn.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Year)	RULINI	WORK? M 1 YES 2 NO		moont occon	EU		
E	3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 26a. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING P	HYSICIAN: To the best of my know	riedge, death occurred in end/or investigation,	et the time, date and place, and	due to the cause(a) and ma	nner se stated.	Busse(a) and manner as stated		
ш	29b. SIGNATURE AND TITLE OF CERT			29c, LtCENSE			GNED (Month, Day, Year)		
TO B	1100	M		D-18	3545	> ((1/15/71		
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)					
	31. DATE FILED Algrid Day Year	32. REGISTRAR'S SIGN	ATURE						

in 24 nours after death. Page 6 m ety filled in by the funeral director, nation, or removal.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENTAL HYGIEN			. 02031
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH D		YEAR	3. TIME OF DEATH
	Basil Guy		Worley						November	11.19		2:50 P. M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	HPLACE (State or Foreign ry)
	236-80-6425	1 M 2 D F	93	YRS.					9-12-1898			Virginia
DIRECTOR		AME (If not Institution, give street end number) Secians Memorial Hospital Secians Memorial Hospital APlata							EATH		arle	
<u> </u>	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION					ION			_	10d, INSIDE CITY	
片	Maryland Char	les		Wa	ldor	f						LIMITS? 1 YES 2 X NO
M	10e. STREET AND NUMBER					10	. ZIP COE			10g. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	2659 Hunt Place						206			USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA		if yee, sp		en, Mexico	NIC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	n or No	14. RAC Blec Spec	E — Americen Indien, k, White, atc. "Hy: White		
品	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL O			Ina	16b. KIND OF BU	SINESS/IND	DUSTRY	.,,,,,
回	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfo.	. Do NOT u	se retired.)	during me	of the work	wy				
COMPLETED	8th grade		Coa	1 Mi	ner				Mining		ustr	У
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden nia C. Plu			
BE	W. W. WOYTEV 190. INFORMANT'S NAME (Type/Print)		199	b. MAILING	ADDRES	S (Street			Route Number, City or Tow		Code)	
임	Marjorie W. Binle	V							orf, Maryl			2
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 X Remo		20b. PLACE	AND DAT	E OF DISP	OSITION				CATION -		
	4 Dongtion Other (Sosoly)	JVAI TOM SULLE	Sunse	t Mer	noria	al G	arde	ns	Bec	kley.	. We:	st Virginia
	Michael K. Bla	nkenship	M0085	7	122.	NAME A	ND ADDR	ess of FA	Melton oad, Beckl	Morti	uary NV 2	5801
CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	Sue 10	JON AS ACONSE	onlines.	Do	N X W	en A	T X	Laler Laler July	ine	2	Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	s contributing to	doeth but not	resulting	in the u	nderlyin	g cause	givan in	Part I. 24e. WAS AI PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQ6PITAL:			OTHE		LACE OF	DEATH (C	neck only one)			
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient		4 🗆 Nu	rsing Hor		Rasidence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, De		28b. TII	JURY	W	JURY AT ORK? YES 2		28d. DESCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigation	28e, PLACE OF	F INJURY — At he	ome, ferm.	street, tec				28f. LOCATION (Street	end Numbe	r or Burni	Route Number
	4 Homicide 6 Could not be	building,	etc. (Specify)	200-11100					City or Town, State			
COMPLETED	(direct dire)	The second second	The second second						to the couse(e) end me time, date and place, e			(e) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	LAS.	1/	~	1		200 11	CENSE NU	MBER 0 6 29	29d. DAT	E SIGNE	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	27) (Typ	e, Print)		,,	,				
M	31. DATE FILED (Month, Day, Year)	,	R'S SIGNATURE									
	NOV 20'91	gulia	Davidson	Pand	200							

YEAR

991

9c. COUNTY OF DEATH WICOMICO

3. TIME OF DEATH

0015

8. BIRTHPLACE (State or Foreign Country)

Virginia

REG. NO.

2. DATE OF DEATH DAY

NOVEMBEL 7. DATE OF BIRTH (Month, Day, Year) 8/14/03

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Eva

216-05-05-89

9a. FACILITY NAME (If not institution, give street and number,

4. SOCIAL SECURITY NUMBER

Reid

5. SEX

1 M 2 F

1

.2	ECTO	PENINSULA GE	ENERAL HOSPITA	AL	SALI	ISBURY		WIC	OMICO
- Pages	DIREC	Maryland Word	cester		Y, TOWN OR LOC COMOKE				10d. INSIDE CITY LIMITS?
permit		10e. STREET AND NUMBER				10f. ZIP CODE		10a. CITIZEN (1 YES 2 NO OF WHAT COUNTRY?
1Si	IER.	1006 Market St	reet			21851			SA
5-0020 nding physician.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVIdowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 ZNO	If yes,	ECENDENT OF HISPANIC Of specify Cuben, Mexican, Putes 2 NO Specify:	RIGIN? (Specify Yee ierto Ricen, atc.)	or No — 14. R	RACE — American Indian, Black, White, etc. Specify:
or attending	ED	15. DECEDENT'S E	DUCATION	18a. DECEDENT'S	IISHAL OCCUPA	TION	401 MAID OF BUILD		White
		(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	vork done during i	most of working	18b. KIND OF BUS	INESS/INDUSTH	NY .
O E B	5-COMPL	8		clerk					
the horder	CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (F	First, Middle, Maiden :	Surname)	
N Pe	853	William Reid					ne (unkn		
FOI	10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t and Number or Rural Route	Number, City or Town	, State, Zip Code)
147		Thomas Wessells				Blvd., Cat	onsville	, Mary	Land 21228
MOR SON		20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	emoval from State	b. PLACE AND DATEO metery, cremetory or off thany Unite	her plecel	,		CATION — City of	city, Maryland
ALTIN death. Pa funera s		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS OF FACILITY	Υ		
		Switz.	Milso	_		on Funeral		- Non sere!	
d in by or remo			r complications that cause e. List only one cause on o	ed the death. Do no	ot anter tha m	OX 64, POCO	cardiac or reapir	atory arrest,	Approximata interval Batween
fille on,		iMMEDIATE CAUSE (Final disease or condition	0.6.	7					Onset and Death
3760, rted within completely ial, cremati		resulting in dasth)	a. DUE TO (OR AS	A CONSEQUENCE OF).				
P.O. BOX 687 th certificate be executed ending physician and con I Hygiene prior to burial, or other traumatic e	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	b. OUR TO (OR AS	A CONSEQUENCE OF	roush:				
the death y the attend Mental H	- 11	PART II Other aignificant condition	and contributing to doubt				7		
RECOR v requires that been signed b t. of Health ar shows any	IN: MEDICAL	PART II. Other algnificant conditions of the property of the property of the party	S F	but not resulting in	the underlying	ng ceuae givan in Part	1 VES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
二年 書 書 出	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Check on	ily one)		
CIAN: CIAN: Or it	>- III	1 VES 2 NO	1 Impetient 2 ER/Out		OTHER: 4 - Nursing Ho	me 5 Residence 6	Other (Specify)		
ON OF DING PHYSIC After this ce death with t	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation		28b. TIME INJU	M 1	YES 2 NO	DESCRIBE HOW IN	JURY OCCURED	
VISIC ATTEND ATTEND ECTOR: A S after d	E	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY building, atc. (Spe	Y — A1 homa, farm, etcify)	raat, fectory, offi		LOCATION (Street an City or Town, State)	d Number or Run	al Route Number,
DI PITAL OR ERAL DIRI in 72 hour	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of my know NER: On the basis of examination	viedge, daath occurred on and/or investigation.	at the time, dat	e end pieca, and due to the	cause(e) end menn	ner ee stated.	
HOS With		29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUMBER			
TO THE HOSPITAL (TO THE FUNERAL D TO THE FUNERAL D TO THE WITHIN TO THE IMPORTANT: If Is	TO BE	30. NAME AND ADDRESS OF PERSON W	2	M	0	DATO 10	10	D 11/	IED (Month, Day, Year)
		radi Julian	12, MD, SA/	S Did 27) (Type, F	Med.	center, S	x linour	11, M	121801
	5	31. DATE FAND Month, Day, 91	STREET DAYS	on-Randell		7			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTHS DAYS

6. AGE (In yrs. last birthday)

88

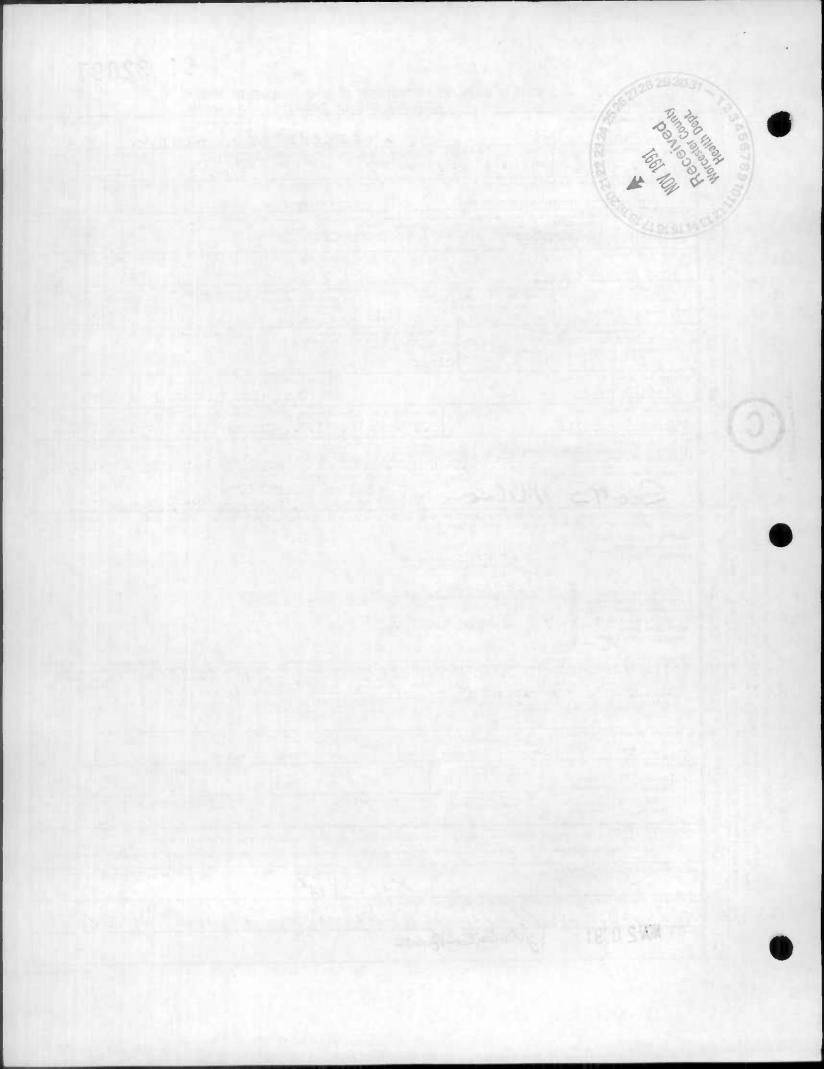
WESSELLS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURE

9b. CITY, TOWN OR LOCATION OF DEATH

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND	DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DE	PARTMEN			MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	127.	77.				2. DATE	OF DEATH	1	EAR	TIME OF DEATH
	Flossie Ells 4. SOCIAL SECURITY NUMBER		lliams	n de al la amana			7 0470	to galax	" / elm / /		ACE (Slate or Foreign
	220-26-2842	1 M 2 F	75 a	(RS. MONTHS	DAYS	IF UNDER 24 HRS. HOURE MIN.	(Mon	of BIRTH th, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CIT	Y, TOWN (R LOCATION OF			9c. COUNT		
TOR	8302 Bolen Ro	d.		Pod	omo	ke Cit	ty		Som	ers	e ti
2	10a. STATE 10b. COUNTY		10	c. CITY, TOWN	OR LOCAT	ION	-			10	d. INSIDE CITY
FUNERAL DIRECTOR	Md. Some-	rset		Pocomo	oke	City					LIMITS?
4	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WNA	T COUNTRY?
E	8302 Bolen	Rd.			1	21851			U.S	. A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	13.	If yes, sp	ENDENT OF HISP ecity, Cuben, Mexi 2 P NO Spe	ican, Puerto		or No— 1	Specify:	American Indian, hite, etc.
	15. DECEDENT'S EDUC			ENT'S USUAL O			- 18	b. KIND OF BUS	INESS/INDU	STRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	Ille Do	ind of work done NOT use retired.)	during mo	at of working					
2	Elem.	College (I-4 of 5 +)	FATTO	X249 X			H	ouse			
2	17. FATHER'S NAME (First, Middle, Lest)		1 DOM	L VILC		40 MOTHER'S		Middle, Malden	Cumana		
BE	.John Brisco					Fann					
2	190. INFORMANT'S NAME (Typo/Print) Frank Willia	ms				Rd . Poc					
	200 METHOD OF DISPOSITION		20b. PLACE OF	DISPOSITION /A		metery, crematory o			CATION — CI		State
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	oval from State	Pindle	y Cha	pe (Jem.		Poc	omoke	e Ci	ty Md.
	21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE	1	22	NAME A	ND ADDRESS OF	FACILITY -) O T	A	_	
		PA	201 - 200 - 200			ge r. Church				0	
	23. PART I. Enter the diseases, or a shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Liet only one cous	e on each line.	RRES		de of dying, a	uch es ce	rdiec or reepi	ratory erre	et,	Approximete Interval Between Onset end Deeth
CERTIFICATION	Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUE								
点		d									+
PHYSICIAN: MEDICAL (PART II. Other significent condition	e contributing to					In Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	AA CC DI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATN? YES 2 NO
ä											
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATN	Check only	one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 IN		ne 5 KRealdend	8 D OH	ner (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY 2	6b. TIME OF INJURY	28c. IN	JURY AT DRK? YES 2 NO	_	ESCRIBE HOW	NJURY OCCL	JRED	
ВУ	2 Accident Investigation										
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building,	INJURY — At home, itc. (Specify)	farm, street, fa	etory, offi	00		CATION (Street by or Town, State)		r Rural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS										nd manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	P P _	0.0			29c. LICENSE I		-		SIGNED (M	onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUS	E OF DEATH (ITEM 2		. /			2/		, - /	
	060 - K-116	RSide 1	Kive	SALI	500	iky,	MO	2/	001		
4	31. DATE NOW (York) Dag Gar)	Filma Da	R'S SIGNATEOR MOSON-Mand	182		7					27 7 1 2 1 2

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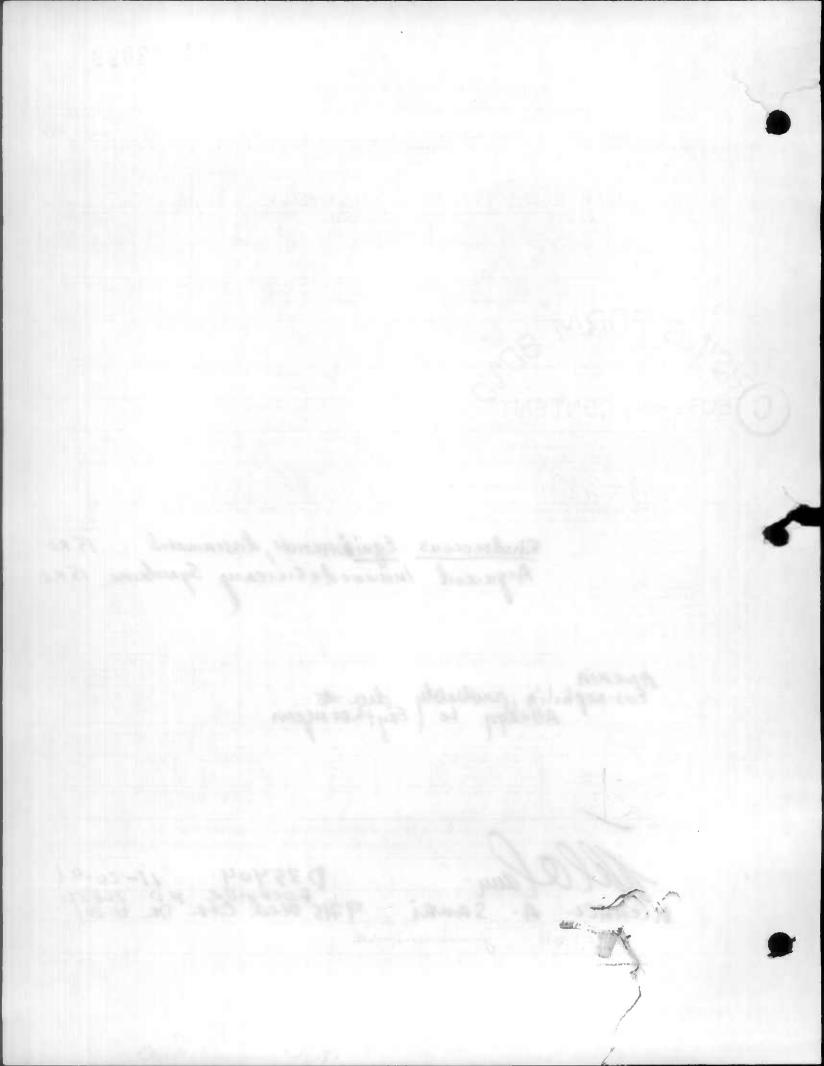
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the part of the funeral difference of the part

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARY			MENT OF I		MENTAL HYGIENI REG. NO.	E		
	DECEDENT'S NAME (First, Middle,	Last) Willie Monr	oe Kir	ling	WILLIA	MS	2. DATE OF OEATH			3. TIME OF OEATH
	W/11 1 1 0 mm	WM KIPI				110	111201	q	YEAR	0200 AM
	4. SOCIAL SECURITY NUMBER		E (in yrs. last i	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	215-42-4004	1 🕅 M 2 🗆 F	47	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 3, 1944			/land
-	9a. FACILITY NAME (If not Institution,	Control of the Contro			0	OR LOCATION OF DI		9c. COUN		
DIRECTOR	SHADY YROVE RESIDENCE OF DECEDEN	(T	HO58			KYILLI		Mont	,goille	
FE		ashington			liamspo					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	asimigton		WII		f. ZIP CODE		100 CITIZ	EN OF W	1 YES 2 X NO
FUNERAL	Rt.2 Box#242					21795			JSA	nai coontari
5	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WAS OF		NIC ORIGIN? (Specify Yee			- American Indian, White, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF)		ecify Cuban, Mexice 3 2 ⊠ NO Specif	n, Puerto Ricen, etc.) y:		Specifi White	y.
3	15, OECEOENT		16a. DEC	EDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDL	JSTRY	
	(Specify only highest Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. L	e kind of wo Do NOT use	ork done during m retired.)	ost of working				
7	12		Land:	scape	e Archet	tech	Landsca	ping		711-11
COMPLETED	17. FATHER'S NAME (First, Middle, La	st)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BEC	Willie	Monroe	W	illia	ams	Martha	Me1	inda		Cline
2	19e. INFORMANT'S NAME (Type/Print		19b.	MAILING /	AOORESS (Street	and Number or Rural	Route Number, City or Town	, State, Zip	Code)	
-	Walter William	S	R	t.2 E	30x# 242	2 Willia	msport, MD	21795		
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremetion 3 ☐	Removal from State	20b. PLACE O		,	metery, crematory or		CATION C		
	4 Donation 5 Other (Specify)	Smith	sburg				thsbu	irg,	1D 21783
	21. SIGNATURE OF FUNERAL SERVI	ICE LICENSEE			OSBO!	NE FUNEF	PAI HOME			
	1///1900///	. Caru					Williams	port.	MD 2	21795
	23. PART L Enter the diseases	s, or complications that cau	ead the dea	th. Do no						Approximata
	immediate cause (Final	llure. List only one cause of	n each lina.				A			Intarval Between Onsat and Daath
	disease or condition resulting in death)	a. Rhodoc DUE TO CONTA	occu	5	Equiti	IFFCTION!	disser!	unted	1	15 NO
		DUE TO (OR A	S A CONSEQ	JENCE OF	· U —	1	-	-	1	
Z	Sequentially list conditions,	To Hegui	red	14	MUNO	detic	1ewey >	yNo	RCH	10 15 MO
CERTIFICATION	If any, leading to immediate	DUE TO (OR A	AS A CONSEC	UENCE OF):		1			
2	cause. Entar UNDERLYING CAUSE (Disease or injury	cDUE TO (OR A	S A CONSEC	HENCE OF	١.					-
	that initiated events resulting in death) LAST	DOE TO (ON A	IS A CONSEC	DENCE OF						İ
		d								
AL	PART ii. Other algnificant con		h but not re	aulting in	tha undarlyli	ig causa givan in	Part i. 24e. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	ANRMIA		A	1	0		1 YES 2	□ NO		COMPLETION OF CAUSE OF GEATH?
MED	EOSINOI	Philia, pu	Mary	4	due	\$				1 YES 2 NO
	/	Allergy	to	18	ry the	o men				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			26, I	LACE OF OEATH (C	heck only one)			
YS!	1 TYES 2 NO	1 - Inpatient 2 - ER/0	Outpatient 3	DOA		ma 5 🗌 Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. OATE OF INJU (Month, Day, Ye		286. TIME INJU	JRY W	JURY AT ORK?	28d. DEŞCRIBE HOW I	NJURY OCC	UREO	
B	2 Accident frivestig		UDV At hon	no form of		YES 2 NO	261. LOCATION (Street	and Mumber	as Privat 5	hauta Marehar
	3 Suicide 6 Could r	tot be building, etc. (Specify)	1-0 ₄ 101111 ₄ 011	iledi, lectory, oil		City or Town, State)		or norm r	oute rumon,
E E	29a. CERTIFIER	PHYSICIAN: To the best of my k	nowledge des	th accurre	d at the time do	a and place and de-	to the coursels and and	nnar un akat	·4	
COMPLET	(orloan orly	AMUNER: On the basis of exemin) end manner as stated,
	29b. SIGNATURE AND MILL OF	// //				29c. LICENSE NU				(Month, Day, Year)
BE	MR	(XY ann	_			D35	404	> /	1/-	20-9
0	12-77	1 100000				1/			-	1

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32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall



	ne notified at once.
1	examiner must b
Of remisped	e medical
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a Mental	ny Injury, or other tr
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1. DECEDENT'S NAME (First, Middle, L	ast)	02111	HIOAIL	OF DE	AIN	2. DATE O	REG. NO.		2 786 05 05 05
RICHARD	7-ABELA	, Jr.				MONTH	DV	-	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthe	MONTHS	TYEAR IF UND DAYS HOUR	DER 24 HRS. S MIN.	7. DATE OF Month, 1	Day, Year)	8.	BIRTHPLACE (State or Foreign Goursey) Tew Jersey
9a. FACILITY NAME (If not institution, g			9b. CITY,	TOWN OR LOC	ATION OF D		1	9c. COUNTY	
University RESIDENCE OF DECEDENT 10a. STATE 10b. COI	Ŧ			Baltim	ore			Balti	more City
	Carroll	10c.	STIKES V	-					10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 431.3 JOTTORS 11. MARITAL STATUS 1. Marital STATUS	ON AVE			10f. ZIP CI	DE 41784	4			S.A.
3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	IT.	AS DECENDEN yes, specify Co	ban, Maxic	an, Puarto Ric	Specify Yaa an, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S (Specify only highest g Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)	EDUCATION grade completed) College (1-4 or 5+	(Give kind life. Do No	IT'S USUAL OCC of of work done du OT use retired.)	uring most of wo	rking			SINESS/INDUST	
<u> </u>	2	Sã	lesman			P.	Lumbi	ng Ind	ustry
				18. M	THER'S NA	AME (First, Mid	dle, Maiden	Surname)	
19e INFORMANT'S NAME (Torograph)	Zaveta	- E			SAND		Tobia		
Mr. & Mrs. Richa	ard Zahola	19b. MAII	ING ADDRESS	(Street and Num	ber or Rural				
20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 F 4 Donation 5 Other (Specify)		20b. PLACE AND DA	or other place!			DATE	20c. LOC	rk, IL	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	St. Cas		AME AND ADD		11/25	Pit	tsburg	h, PA
grane	L. Hu	94	H	aight i	Tuner lle.	ral Hon	784 (4101-79	ox 195) 95-1400
IMMEDIATE CAUSE (Fine)	or complications that ire. List only one caus	caused the deeth. I se on each lina.	o not anter ti	ha mode of o	lying, euc	h as cardia	or raspir	atory arrest,	Approximate
disease pr condition resulting in death)	a. VENT"	RICULAR (OR AS A CONSEQUENC	FIBR	WAT	mo				Intervel Betwee
resulting In death)	DUE TO CHEREN	RICLLAR (OR AS A CONSEQUENCE CONTROL (OR AS A CONSEQUENCE (OR	HEN CY DM	noerh	a Fé				Intervel Between
Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST	DUE TO DUE TO	CONTRECTOR OR AS A CONSEQUENCE OR AS A CONSEQUENCE	HEN Cy Tom	noer#	A SEC	Pert I. 24	a. WAS AN // PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AHO
Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST	DUE TO C. TO FLAN DUE TO C.	CONTRECTOR OR AS A CONSEQUENCE OR AS A CONSEQUENCE	HEN Cy Tom	A erlying cause	A GE	Pert i. 24	a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury their initiated events resulting in deeth) LAST PART II. Other significent conditions are sequenced by the significant conditions are	b. DUE TO c. TO FLEN DUE TO d. HOSPITAL: 1 Ninpstiant 2 28e. DATE OF (Month, De	CONFRESULATION AS A CONSEQUENCE DE LA TRU COR AS A CONSEQUENCE DE LA CONSEQUENCE DEL CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DEL CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA CONSEQUENCE DE LA C	OTHER:	erlying cause 26. PLACE OF 19 Hones T 10 Hones T	given in	Pert i. 24 1 eck only one) 8 Other (S	a. WAS AN / PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AHO
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Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST PART II. Other significent conditions in deeth Last 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation of Accident Investigation determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS	b. DUE TO C. TO FLENN DUE TO d	CONTRACT (OR AS A CONSEQUENCE TAL ATTRO (OR AS A CONSEQUENCE death but not reculting ER/Outpetlant 3 DO (INJURY 28b. 19) TINJURY At home, far atc. (Specify) Try knowledge, death occurry	OTHER: A 4 Nursin TiME OF 1NJURY M urred at the time	eriying cause 26. PLACE OF 10 Home 5 1 8c. INJURY AT WORK? 1 YES 2 y, offica	DEATH (Ch. Realdenca NO	Pert i. 24 1 28ck only one) 8 Other (S 28d. DESCR 28f. LOCATIC City or II	a. WAS AN / PERFORI	JURY OCCURE To Number or Ri There as attated, I due to the case	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND Ural Route Number,
Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST PART II. Other significent conditions in deeth Last 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. TO THE PLAN OF THE P	CONFRENCION AS A CONSEQUENCE OF AS A CONSEQUEN	OTHER: A 41 Nursin TIME OF INJURY M m, strant, factory urred at the time atton, in my opic	eriying cause 26. PLACE OF 10 Home 5 1 8c. INJURY AT WORK? 1 YES 2 y, offica	given in DEATH (Ch. Realdenca	Pert i. 24 1 28ck only one) 8 Other (S 28d. DESCR 28f. LOCATIC City or II	a. WAS AN / PERFORI	JURY OCCURE To Number or Ri There as attated, I due to the case	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AHO
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pmysician.	al director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hosp THE FUNETAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DE	ATH	REG. N	Ю.		
DECEDENT'S NAME (First, Middle, La	Ulme	and.	IR		2. DATE OF DEATH	2 ^{DAY}	97	SS A M
4. SOCIAL SECURITY NUMBER 218-07-6980	1 X M 2 D F		UNDER 1 YEAR IF UN	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	16	6. BIRTHP	ACE (State or Foreign
90. FACILITY NAME (If not institution, gh		96	BAI	LTIMOR		9c. COUI	NTY OF DEA	тн
10e. STATE 10b. COU	NTY	10c. CITY, T	BALTIMORI	E				Od. INSIDE CITY LIMITS? X YES 2 NO
100. STREET AND NUMBER			101. ZIP 0	216		10g. CITI	ZEN OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Nerried 3 Widowed 4 Divorced	12., WAS OECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDEN If yee, specify C	uban, Maxica	HC ORIGIN? (Specify on, Puerto Ricen, etc.)	Yae or No-	14. RACE - Bleck, Specify:	- American Indian, White, etc.
15. DECEDENT'S E (Specify only highest grant property (0-12)	DUCATION ede completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of we	orking	16b. KIND OF 8			EL CORPORA
17. FATHER'S NAME (First, Middle, Last) MAJOR ALMOND SR			18. M	OTHER'S NAI	ME (First, Middle, Meidle FOLKS		M 210	EL CURPUR
190. INFORMANT'S NAME (Type/Print) HATTIE ALMOND		196. MAILING AD	DRESS (Street and Num) PLAR GROV	De STR	EET, BAL	own, Stete, Zip ΓΟ., Μ	D 21	216
20a, METHOD OF DISPOSITION 1		PLACE AND DATE OF 0 etery, cremetory or other ING MEMOR	ISPOSITION (Name of plece)		DATE 20c. I	OCATION —	City or Town	
21. SIGNATURE OF FUNERAL SERVICE	Marl		22. NAME AND ADD		MARCH	H FUNE WABAS	RAL F	OME
23. PART I. Enter the diseases, of ehock, or heert feitur IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)	. Quit	CONSEQUENCE OF)	while mode of	Quing, such	es cerdiec or res	piratory em	est,	Approximete Intervel Between Onset end Deeth
Sequentielly list conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disees or injury that initiated events resulting in deeth) LAST	DUE TO OR AS A	CONSEQUENCE OF):	gunl; Culu Uitus	il usul	Inful Les	rien ware	Dert	
PART II. Other eignificent conditi	ons contributing to deeth bu	ut not resulting in t	ne Underlying cous	e given in i	Pert I. 24a. WAS A PERFC	IN AUTOPSY DRMED?	0	ERE AUTOPSY FINDINGS WILABLE PRIOR TO MAPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF			26d. DESCRIBE HOW	INJURY OCC	URED	
3 Suicide 6 Could not b 4 Homicide datarmined	e 28e, PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	i, lactory, offica		281, LOCATION (Stree City or Town, State	t end Number (or Rural Rou	e Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	/SICIAN: To the beat of my knowle NER: On the basis of axamination	edge, death occurred at and/or investigation, in	the time, date end pla my opinion, death oc	cured at the t	to the ceuse(e) end m	enner se state	d. ceuse(s) e	nd manner ee stated.
29b. SIGNATU CERTIF			10	30 YO		29d. DATE	SIGNED IM	onth. Day, Year)
31. DATE FILED (Month, Day, Year)	32 PEGISTRAR'S SIGNA	2600	いいかみつ	7 1	takita	, 1	nan	
DEC 0 3 1991	32 MEGISTRAR'S SIGNA Junia Davidson	-Aandell						

1	FOR STATE REGISTRAR
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1 - STATE REGISTRAR	OTAL OF MAIL	CERTI	FICATE OF	DEATH	MENIAL TITO			
1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEA	TH ,	YEAR	3. TIME OF DEATH
	Maria				MONTH	30	YEAR	1630 has
4. SOCIAL SECURITY NUMBER 219 -60 -9919	1 M 2 PF	SE (In yrs. lest birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	(Month Day Vo	1960	6. BIRTH	PLACE (State or Foreign
99. FACILITY NAME (If not institution, of Union Mem	orial Hospita	1		timore C	DEATH		UNTY OF D	EATH
HESIDENCE OF DECEDENT					LLY			
Maryland	JNTT	10c. C	CITY, TOWN OR LOC		imore Cit	·v		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 5307 Mayv 11. MARITAL STATUS	iew Avenue		1	of, ZIP CODE		10g. Ci		CHAT COUNTRY? States
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 X NO	It yes, s	212 CENDENT OF HISP, Specify Cuben, Maxie S 2 X NO Specific	ANIC ORIGIN? (Special cen, Puerio Ricen, etc.	ly Yee or No-	14. RACE	- American Indian, White, etc.
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17. FATHER'S NAME (First, Middle, Last) Helmut	Hallwa	S		18. MOTHER'S N	IAME (First, Middle, Ma	aiden Surname)		nhanf
MELMUT 199. INFORMANT'S NAME (Type/Print)			NG ADDRESS (Street		I Route Number, City o		WETUE	enkopf
Michael L. Alle	ender Sr.				Baltimor			206
20e METHOD OF DISPOSITION 1 IX Buriel 2 Cremetton 3 1 4 Constion 5 Other (Specify)	Ramoval from State	Ob. PLACE AND DAT	reofdisposition (A	Jame of	DATE 20	c. LOCATION -	- City or Tov	vn, Stata
21. SIGNATURE OF FUNERAL SERVICE		Knight Jr	22. NAME A	AND ADDRESS OF F		Baltim	, Md.	Maryland 21214
23. PART i. Enter the diseases,	Dr. Complications the cause	and the death. De	not enter the m	ard o. Ki	den, IIIc.	5305	nari	Approximate
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3 Suicide 6 Could not		RY — At Home, farmoecify)	, atraet, factory, offic	ca	281. LOCATION (St. City or Town, S	reet and Numbe State)	r or Rural Ro	oute Number,
29s. CERTIFIER CORE ONE ONE ONE ONE ONE ONE ONE ONE ONE ON	IYSICIAN: To the beet of my kno	owledge, death occur	rred at the time, date	e end place, and du	a to the cause(a) end a time, date and place	manner as sta	ited.	end manner as stated.
29b. SIGNATURE AND TITLE OF CERTI	Labharpel	R		29c. LICENSE NU				Mpnth, Day, Year)
SHAILENDR	A LAKHAN	PAL, D	ept-of	Medicin	e, UM	H, B	alti	more 2/2/
31. DATE FILED (Month, Day, Year)	2 32. REGISTRAR'S SIG	DEVISE DEVISE	on Bondale					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be to be fied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Lest) CHARLIE	ALS-	TON	W,			L'AL	2. DATE OF MONTH	DEATH DA	Ď-6	YEAR	3. TIME OF DEATH 7. 40 D.
	4. SOCIAL SECURITY NUMBER 241 32 8047	5. SEX	6. AGE (In yrs. les 76	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	R 24 HRS.	7. DATE OF (Month, De JAN)	BIRTN 87, Year) 21, 19	15	8. BIRTA COUNT NOR I	NPLACE (State or Foreign W) CAROLINA
FOR	99. FACILITY NAME (If not institution, give SINAI HOSPITAL	street and number)			96. CITY, TOWN BALT	OR LOCATI					NTY OF D	
L DIRECTOR	MARYLAND 10e. STREET AND NUMBER	TY			Y, TOWN OR LOCA ALTIMOR	Е						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
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ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X1	RMEO NO	If yes, s		in, Mexicen	IC ORIGIN? (S		or No-	14. RACE Black Speci	American Indian, k, White, etc.
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BE CON	17. FATNER'S NAME (First, Middle, Lest) CHARLIE ALST(ON				I	ILLI	E (First, Middle NOR)	VOOD			
10	190. INFORMANT'S NAME (Type/Print) MR. BERNARD ALS'	TON	5(b. MAILING	ADDRESS (Street EMBRIDG:	end Number E AVE	or Aural A	BALT]	IMORE	, Stete, Zip , MAR	Code) YLAN	ID 21215
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Denetion 5 Other (Specify)	noval from State	DRUID	AND DATEO	E CEMET	ame of ERY 1	12/5/	OATE 91		SVII.		wn, Stete ID. BALTO. C
	21. SIGNATURE OF PUNERING SERVICE LI	CENSEE /						1			22,	D. DALIO. C
	23. PART I. Enter the diseases, or shock, or heert fellure.	THu complications that	ynn Caused the de	eth. Do no	LEWIS	T. C	SS OF FAC GWYNN HEIG	FUNEI	RAL H	IOME BALT	212 IMOR	Approximete interval Between Oneet and Deatl
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert fellure.	complications that List only one caus e. ASPI DUE TO (1) b. DUE TO (1) c. CVA	ynn Caused the de	DUENCE OF	22. NAME A LEWIS 4517 of enter the mo	T. C	SS OF FAC GWYNN HEIG ing, euch	FUNEI	RAL H	IOME BALT	212 IMOR	15-6393 E, MARYLAN
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APPITATE, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 source after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag within 72 hours after death with the State Detat. of Health and Mental Hygiene prior to burial, cremation, or removal.	NEOPERALT IN them 28 is marked or Item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF			MENTAL HYGIE REG. N			
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	DADNEC ITITE	r					MONTH	DAY	YEAR Q 1	11:55 Am
		SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	25	7	IPLACE (State or Foreign
	219-22-8047	□ M 2 □ F 63		MONTHS DAYS	HOURS	MIN.	10/26/28 South CARUSINA			
~	9e. FACILITY NAME (If not institution, give street	and number)		96. CITY, TOWN			// //	9c. COUN	TY OF D	EATH
Ö	ST MGNES	HOSP		BALT	ima	RE	CIIU			
ਹੁ	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c CITY	TOWN OR LOC	ATION		()			10d. INSIDE CITY
DIRECTOR	Mo		and the same of th	HTIM						LIMITS? 1 A-YES 2 NO
AL	10a. STREET AND NUMBER			- 1	01. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?
FUNERAL	40 S. Morley Stree	et 21229			212	29		1	JIS	,A.
5		. WAS DECEDENT EVER IN U.S.	ARMED				IC ORIGIN? (Specify	fea or No-	14. RACI	- American Indian,
	1 Never Merried 2 X Merried	FORCES? 1 YES 2	HNO		S 2 NO		, Puerto Rican, etc.)		Speci	k, Whita, atc.
BY	3 Widowed 4 Divorced					ороопу			Op Co.	BLACK
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7	Elementary/Secondary (0-12)		Homes	MAK	=R					
COMPL	17. FATHER'S NAME (First, Middle, Last)		707-12		_	EDIO MAI	AF (Fire Advanta Advanta			
BE CC	Rufus Name (First, MIDDING, CASH)	Ct-					AE (First, Middle, Mald			
	19e. INFORMANT'S NAME (Type/Print)						loute Number, Cify or 1		Code)	
70	DENISE SMIT	H	40 S.	MORKE	-yS-	131	9420, M.	0 21	22	9
	20e. METHOD OF DISPOSITION	20h. Pl A	CE OF DISPOSI	TION (Name of c	_		20c.	LOCATION —	Ity or To	own, State
	1 Donation 5 Other (Specify)	I from State	plece)	12.	Can	n	12.	34/4.0	2.11	A.A.Co My
	21. SIGNATURE OF FUNERAL SERVICE LICENS		~~ (22. NAME	AND ADDRES	S OF FAC			374	· · · · · · · · · · · ·
	> . /			N031	PH	h. V.	2 use F. 1.	/		
	Useph Le	Russ		2222	WIN	URT	HAVE 1	39200	M	21216
TION	23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	RIGHT PONT DUE TO (OR AS A CON HYPERTENSIV	INE HEN SEQUENCE OF VE VAS (MORRHAG D: CULAR D	E		n as cardiac or re-	phratory arr	sat,	Approximate Interval Between Onest and Death 25 days years
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):		·				
EH.	resulting in death) LAST									
2	PART II. Other significant conditions of	and the standard of the but a	-A	a Aba sandad		Train In	See 1 100 mms			
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MEDICAL	ABDOMINAL AORT	TIC ANEURYSM V	VITH LO	CALIZE	D TEAL	R AN	D 1X YES	2 NO		OF DEATH?
M	HEMORRHAGE.									1 XYES 2 NO
3										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DI	EATH (Che	ck only one)			
5		OSPITAL:	2 0004	OTHER:						
≥	27. MANNER OF DEATH	Zinpatiant 2 ☐ ER/Outpatiani			NJURY AT	eldenca	8 Other (Specify) 28d, DESCRIBE HO	N IN HIMY OO	Horn	
급	1 🕅 Natural 5 🗆 Pending	(Month, Day, Year)	28b, TIME	JRY 1	VORK?		280, DESCRIBE NO	W INJUNT OCC	UNED	
BY	2 Accident Investigation			M 1	YES 2	NO				
ED	3 Suicide 6 Could not be	28a. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, s	treet, factory, of	fice		28f. LOCATION (Stre City or Town, Str		or Rural	Floute Number,
12	4 Homicide determined									
3	290. CERTIFIER	N: To the best of my knowledge	double account	d as the stone of	and alone		4-45	X-1.		
COMPLET	anal anal	On the basis of axemination and								e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 /			I see tion	AICE AILI	1050	DOL DAY	DIONE	2.44
BE	STORAGO AND THEE OF CENTIFIED	lus of the	2001			NSE NUM		Z9G. DAT	1/7	(Month, Day, Ybar)
10		m 10/1-t	ecc		D,	4184.	3		15	6171
	30. NAME AND ADDRESS OF PERSON WHO C				00 5	САТ	ON AVENUE	212	220	
					0000	OUT	ON AVENUI		-67	
	31. DATE FILED (Month, Day, Year)	33: RECUMENTS DELICAS	1 7 TA 3	.00						

DS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran- be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	njury, or other traumatic event, the medical examiner must be notified at once.
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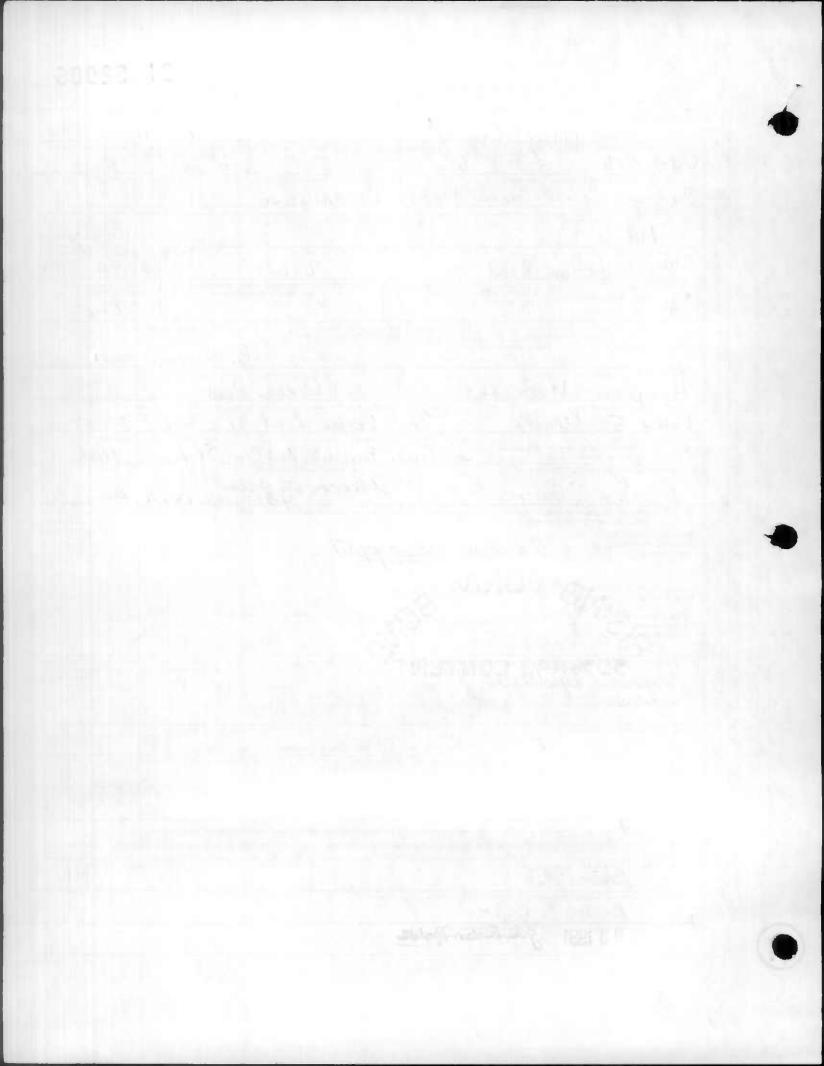
	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. NO) <u>. </u>	
	DECEDENT'S NAME (First, Middle, Lest)	nna G.	Bosco			2. DATE OF DEATH December	1 10ď¶	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-54-5229		In yrs. last birthday)	IF UNDER 1 YEAR	OF LAMBOURD DA LONG	Jan. 1, 18		THPLACE (State or Foreign intry)
~	9e. FACILITY NAME (If not institution, give			96. CITY, TOWN	OR LOCATION OF DEAT	гн	9c. COUNTY OF	
CTO	3611 Gibbons A	venue		Balt	more City	/		
DIRECTOR	Md .	Υ		altimor				10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER		Do		ZIP CODE		10g, CITIZEN O	t (X) YES 2 NO
FUNERAL	3611 Gibbons Av				21214		Ital	
B	11. MARITAL STATUS t Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yee, sp	ENDENT OF HISPANIC ecify Cuban, Maxicen, 2 NO Specify	ORIGIN? (Specify Year Puerto Ricen, etc.)	BI	ICE — American Indian, ack, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	ICATION 9 completed)	16a. DECEDENT'S US	SUAL OCCUPATION of the done during more retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema					
BE CC	17. FATHER'S NAME (First, Middle, Lest) Adam Galante 190. INFORMANT'S NAME (Type/Print)				Palma	(First, Middle, Maiden		
2	Miss Teresa Boso	00	3611 G	DDRESS (Stroot a	nd Number or Rurel Aou Avenue Ba	nte Number, City or Tow Iltimore,	n, State, Zip Code) Mary I an	d 21214
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from Stata cem	PLACE AND DATE OF etery, cremetory or othe OST HOLV	r plece)	0 - 1		cation - city or ltimore,	
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE	OST HOLY	22, NAME AN	ID ADDRESS OF FACIL	ITY		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	cula	~ Ac	roide	nt	Onset and Dasth
111	PART II. Other algoliticant condition	as contributing to death be	ut not resulting in	the underlying	ceuse given in Pa	rt L 24s. WAS AN	MED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
. 11						- 1 NEW 3	L'AG	OF DEATH
. 11	28. WAS CASE REFERRED TO MEDIAN. EXAMINENT 1 YES 2 140	HOSPITAL:		THER:	ACE OF DEATH (COM	पार्तीy cost)	100	
BY PHYSICIAN: MEDICAL	27. MANNER OF SEATH 1	280. DATE OF INJUSTY (Morth, Day, Yolr)	28h. TIME/C INJUR	28c. INJUNION 1 1 Y	Investigation of the second of	पार्तीy cost)	JURY OCCURED	1 Desta
ETED BY PHYSICIAN: MEDICAL	27. MANUAR OF SEATH 1 Natural 5 Pending Investigation 3 Suitable 8 Could not be datarmined 292. CERTIFIER Check only 1 CERTIFYING PHYSI	28e. DATS OF INJURY (Month, Dey. Year) 28e. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge)	289. TIME/C INJUR At hime, farm, stree	28c. INJUNION WOOD 1 U y yet, tactory, office st fhe time, data	IRREAT 26	Titly constitution of the council and the council and the council and the council and the council and men	OJURY OCCURED and Number or Rura	Route Number,
S BE COMPLETED BY PHYSICIAN: MEDICAL	27. MANUAR OF SEATH 1 Natural 5 Pending Investigation 3 Suitable 8 Could not be datarmined 292. CERTIFIER Check only 1 CERTIFYING PHYSI	28e. DATE OF INJURY (Morph, Day, Year) 28e. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge). R: On the best of axamination	289. TIMEY INVESTIGATION AT At home farm, after order, death occurred and/or investigation,	The Richards Hamming H	IRREAT 26	Other dispersed and DESCRIBE HOW IP City of Tolyin, States the cause (4) and men e, date and place, end	OJURY OCCURED Ind Number or Rura Iner se stated. Indicate the cause	Route Number,

	REGISTRAR		OLITIII IOAT	E OF DEATH	REG. I	VO.	
	1. DECEDENT'S NAME (First, Middle, Last)	B. B.	3		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
-	4. SOCIAL SECURITY NUMBER		s. last birthday) IF UNDE	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign
	1102 00 4041	1 M 2 D F 65	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year	11	Country) Ala
	9a. FACILITY NAME (If not institution, give stre	et and number)	96. CIT	TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Cranolac II	10c. CITY, TOWN	OR LOCATION	un		10d. INSIDE CITY
- 15-	Ma						1 YES 2 NO
LUNG	3401 ReHau	v Road		101. ZIP CODE 212	07	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 A YES 2 IF YES, GIVE WAR OR DATES	□NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Yea or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b, KIND OF	BUSINESS/INDUS	TRY
OMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			Batto	city S	school.
20	17. FATHER'S NAME (First, Middle, Last)	Bruce		18. MOTHER'S N	AME (First, Middle, Mail	den Sumame)	
10 B	194. INFORMANT'S NAME (TypoPrint)	natu	19b. MAILING ADDRES	S (Street and Number or Rural	1 12-	Town, State, Zip Co	1
ŀ	20a, METHOD OF DISPOSITION	ni from State	ICE OF DISPOSITION (A	ame of cemetery, cremetory or		LOCATION — City	or Town, State
	4 Donetton 5 Other (Specify)	1 18	Herson E	name and address of F	t Cem 5	t Loui	s, Missour
	· Vmy 1	March	— i	larch Fy	of west	abosh	Au
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):	pains			
H H	d.						
MEDICAL	PART II. Other algorificant conditions MUNICIPAL DIFF	/	not resulting in the u	nderlying cause given i	PER	FORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	hack anh ann)		
A N		HOSPITAL:	OTHE				
SICIAN	1/			roing nome 5 to residence		W INJURY OCCUR	BED.
HYSICIAN:	1/	28s. DATE OF INJURY	28b. TIME OF	26c. INJURY AT	28d. DESCRIBE HO	W 11400111 00001	il-o
Y PHY	1 - YES 2 NO	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	28d. DESCRIBE HO	, and on occor	
ED BY PHY	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending		INJURY M	WORK? 1 YES 2 NO		eet and Number or	Rural Route Number,
ETED BY PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	(Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify) IAN: To the best of my knowledge	At home, farm, street, fa-	WORK? 1 VES 2 NO Notory, office	28f. LOCATION (Str City or Town, S	eet and Number or tate) manner as stated.	Rural Route Number,
COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	(Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, fa-	WORK? 1 VES 2 NO tory, offica filme, data and place, and do opinion, death occured at the	28f. LOCATION (Str City or Town, S se to the cause(a) and se time, data and place	manner as stated.	Rural Route Number,
BE COMPLETED BY PHY	27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify) IAN: To the best of my knowledge	At home, farm, street, fa-	WORK? 1 VES 2 NO Notory, office	28f. LOCATION (Str City or Town, S se to the cause(a) and se time, data and place	manner as stated.	Rural Route Number,
E COMPLETED BY PHY	27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify) IAN: To the best of my knowledg On the basis of examination an	At home, farm, street, fa- At home, farm, street, fa- te, death occurred at the d/or investigation, in my	WORK? 1 VES 2 NO tory, offica filme, data and place, and do opinion, death occured at the	28f. LOCATION (Str City or Town, S se to the cause(a) and se time, data and place	manner as stated.	Rural Route Number,



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



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Page 6 may be retained by the hospital or attending physician,

funeral director, page 5 should be

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attending physician ntal Hygiene prior to

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DIVISION OF VITAL RECORDS,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. AME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR SARMER 11 129 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 5. BIRTHPLACE (State or Foreign 216-24-5051 1 M 2 F DAYS 1111 D 9b. CITY, TOWN OR LOCATION OF DEATH Charleton 9c. COUNTY OF DEATH DIRECTOR 170 alto. m RESIDENCE OF DECEDENT BAITT 10a. STATE 10b, COUNTY 10d. INSIDE CITY YES 2 NO IMOR FUNERAL 100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? TERNDALE HUE. USA 2120 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. WARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE Black, --- American Indian, White, etc. 1 Never Married 2 Married ВУ 3 Nidowed 4 Divorced lac. COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10+ MERCHAN'T DEAMAN 17. FATHER'S NAME (First, Middle, Last) WAL NHOL BE 19a. INFORMANT'S NAME (Type/Prigt) 19b. MAILING ADDRESS (Str. 2 VATOSO ARMER 8 PNDALE BALTO. ND 21207 AVE METHOD OF DISPOSITION

Burlal 2

Cremation 3

Removal from State 20b. PLACE AND DATE OF DISPOSITION (No Donation 5 Other (Specify) EST VET, CEM 12 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADQUEUS OF FACILITY Narch rungral 21215 Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART Approximate Interval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition ROSTATE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 5 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [] YES 2 [] NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE DF INJURY 28b, TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending м BY 1 YES 2 NO 28e. PLACE OF INJURY — building, atc. (Specify) 3 Sulcide At home, term, street, tactory, office 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and man 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my of ared at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND WILE OF BERTIFIE 29c. LICENSE NUMBER BE 2

CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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ath. Page 6 may by	meral director, page	aminer must be
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ite be executed within	ysician and complete	traumatic event,
the death certifical	the attending phy	njury, or other
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he law requires that	has been signed by	m 23 shows any i
IING PHYSICIAN: The law requires that	After this certificate has been signed by	marked, or Item 23 shows any i
HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be seen after the completely filled in by the funeral director, page 5 should be detached to be seen after the complete t	med within 72 hours are used with the Case cept. Or result and injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 32908

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIEN REG. NO	E 9	32	908
1. DECEDENT'S NAME (First, Middle, Last JOHN BRYANT	t)				2. DATE	OF DEATH	NY 91 YE	3. T	IME OF DEATH
4. SOCIAL SECURITY NUMBER 253-36-7122	1 💢 M 2 🗆 F		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	8. I	BIRTHPLAC COUNTY! NOXV	E (State or Foreign
99. FACILITY NAME (If not institution, given VA MEDICAL CENTE			FORT HO	WARD	EATH		BALT	IMOR.	
RESIDENCE OF DECEDENT 106. STATE MARYLAND BAL	NTY TIMORE	10c. CITY,	TOWN OR LOCAT	TION					INSIDE CITY LIMITS?
100. STREET AND NUMBER 956 N. CHESTER S	TREET		101	21205			10g. CITIZEN	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12, WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAR ecity Cuben, Mexice 2 NO Specifi	n, Puerto F		or No- 14.	Black, Wh	Mericen Indien, Ite, etc.
15. DECEDENT'S E (Specify only highest gr. Elementery/Secondery (0-12)		180. DECEDENT'S US (Give kind of wo life. Do NOT use STAND UP	rk done during mo retired.)	st of working	16b.	KIND OF BU	SINESS/INDUST	TRY	
17. FATHER'S NAME (First, Middle, Last) BOYD BRYANT		CTITIO OI	12/11/11	18. MOTHER'S NA		Middle, Malden			
19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS	,			and Number or Rural	Route Numb	er, City or Tow	n, State, Zip Coo		1052
23. PART I. Entar the diseases,	LICENSEE	tha death. Do no	22. NAME A	ADDRESS OF FA	AR	6 lin	c 5	+	Approximata
iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. PROSTATE C								Interval Betwee Onset and Dea
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE OF:							
resulting in death) LAST	d								
ANEMIA AND HYPOC		ut not resulting in	the underlyin	g cause given in	Part I.	24a, WAS AF PERFO 1 YES	RMED?	COL	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF OEATH (CI	heck only or	ne)		1[YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 inpatiem 2 ER/Outp. 28e. OATE OF INJURY (Month, Day, Year)		OTHER: 4 Nursing Hor OF 28c. IN	ne 5 Reeldence JURY AT	8 🗆 Othe	r (Specify)	INJURY OCCUR	RED	
1 Natural 5 Pending 2 Accident investigation 3 Suicide 8 Could not determined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, st	M 1 🗆	YES 2 NO		ATION (Street or Town, Stets	and Number or	Rural Route	Number,
one)	IYSICIAN: To the best of my knowl							euse(e) en	d <i>m</i> enner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION	in Chyu. n	n. al		29c. LICENSE NU		7	29d. OATE S	IGNED (MO	nth, Day, Year)
30. NAME AND ADDRESS OF PERSON		ATH (ITEM 27) (Type, I		OAD. FOR	т но	VARD	MD. 21	052	
31. DATE FILED (Month, Pey, Year) 199	32/REGISTRAM'S SIGN.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 1100		1-10 0 40 1	004	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR		MARYLAND C	DEPAI ERTIF	ICAT	OF H	DEA	AND	MENT	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) KATHERINE)		BL	ACK				2. DAT MOR	TE OF DEATH	§ 9	YEAR	3. TIME OF DEATH 7:15 P
	4. SOCIAL SECURITY NUMBER 235-14-8743	5. SEX	6. AGE (In yrs. Is 68	yrs.	IF UNDER	DAYS	HOURS	MIN.	7. DAT	E OF BIRTH			PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANCIS S. KEY MEDICAL CENTER BALTIMORE CITY BESIDENCE OF DECEMENT										EATH		
DIRECTOR	Maryland - Baltimore									U.F		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	3505 Elmora Aven							1213				EN OF W	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. A I YES 2 X MAR OR DATES			If yea, sp	ecify Cub	OF HISPAI an, Maxica Specif	n, Puert	ilN? (Specify Yes o Ricen, etc.)	n or No—	14. RACE Black Specif	- American Indian, Whita, alc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)		iih	ECEDENT'S Sive kind of a po NOT u Manag	work done se retired.)			ing	10	Food	SINESS/INDU	STRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Sotirios Plakit	sis					18. MOT	Rose	ME (First	Middle, Malden avarie	Sumame)		
TO B	Mrs. Nicole Caw	man	19	3750	Foxf	S (Street a	nd Numbe Str	er or Rural eam 1	Route Nu	mber, City or Tow , Balt	n. State, Zip (, Md	. 121236
	20a. METHOD OF DISPOSITION 16 Burlal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)		20b. PLACE cemetery, cri Gree					ery	1	TE 20c. LO 29 Ba	cation — ci		
	21. SIGNATURE OF FUNERAL SERVICE LI	Lessee Lessek	tive		22. N	NAME AN lattl 021	news Eas	Fund tern	eral Ave	Home Bal	timore	e, M	d. 21224
CERTIFICATION	23. PART I. Enter the diseeses, or shock, or heert feilure. IMMEDIATE CAUSE (Final diseese or condition resulting in deeth) Sequentisly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events reculting in deeth) LAST	e. ATHEN DUE TO	use on eech line	OUENCE O	F):								Approximete Intervel Between Oneet and Desti
MEDICAL	PART II. Other significent condition	ne contributing to	deeth but not	resulting	In the ur	derlying) ceuse	given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Y YES 2 ND	HOSPITAL:	ER/Outpetient 3	DOA	OTHER 4 Nur	₹:		DEATH (Ch		one) er (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY	28b. TIM	_	28c, INJU	URY AT			SCRIBE HOW II	NJURY OCCU	IRED	
ETED 8	3 Suicide 8 Could not be datarmined	28a. PLACE O building,	F INJURY — At he atc. (Specify)	oma, farm,	straet, tact	ory, office			28f. LO C/t	CATION (Street at or Town, State)	and Number of	r Rural Ro	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of e											and manner as stated.
TO BE C	296. SINIATURE AND TITLE OF CERTIFIE	There					29c. LIC	ENSE NUN	IBER			SIGNED	(Month, Day, Year)
)	30. NAME AND ADDRESS OF PERSON WE	1-16000	411 P	ENN		EET.	, BAI	TIM	ORE	, MARY	LAND	212	201
	DFC 03 1991	Julia Davie	R'S SIGNATURE	32									

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1 12.49	THE INTERPOSE PHYSICIAN: The law requires that the death certifical	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy	Fle
100	ÆS'	0	9

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH ANI		HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, La		Julia Ball		2. DATE OF MONTH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-24-0047 9e. FACILITY NAME (If not institution, given	1 🗆 M 2 📈 F	62 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS	(Month, E	-1929	Man	<i>yland</i>
TOR	University Hosp.		90.	Baltimore	DEATH	9c. C0	UNTY OF (DEATH
DIRECTOR	Md. Anno	NTY 2 Arundel	10c. CITY, TO	Glen Burnie				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 38 Glen Dale	Ave.		101. ZIP CODE 2 1 0 6 1		10g. Cl		WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cubsn, Max 1 YES 2 NO Spe	ilcan, Puerto Rici	Specify Yea or No— an, etc.)	Spec	E — American Indian, k, White, etc.
ETED	15. DECEDENT'S E (Specify only highest gri	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ref.	done during most of working	18b. KI	ND OF BUSINESS/II		are
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	2	Executiv	e Secretary		tinghous		
BE C	John	Posk		0.1	lga	Gr	zegor	zak
be notified TO BI	1911. INFORMANT'S NAME (Type/Print) Brian D. Ball			RESS (Street and Number or Rur Herald Harbo				Md
	20a. METHOD OF DISPOSITION 1	emoval from Stata cem	D. PLACEAND DATE OF DI netery, grematory or other p MELLO CLEM	SPOSITION (Name of	DATE	20c. LOCATION -	- City or To	
menical examiner must	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE .	METTO CHEM	atory 22. NAME AND ADDRESS OF Stallings Fu 3111 Mountai	FACILITY INCTAL F			21122
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):	diel information	hou			Approximate Intervei Betweer Oneet and Death 1 day
MEDICAL	PART II. Other significent conditi	ons contributing to death b	ut not resulting in th	e Underlying ceuse given i		PERFORMED? YES 2 PNO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (
BY PHYSICI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE DF INJURY (Month, Day, Year)	28b. TIME DF INJURY	Nursing Home 5 Residence 26c. INJURY AT WORK? I YES 2 NO	_	BE HOW INJURY OC	CURED	
ETED E	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Speci	At home, ferm, streat,	factory, offica	28f. LOCATIE City or To	IN (Street and Number own, State)	r or Rural R	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowl	edge, death occurred at a	the time, date end pieca, and do	ue to the cause(s	a) and menner as at	ited.	and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFI			29c. LICENSE N				(Month, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON W			L'MIN	2.		2/1	71
	31. DATE FILED (Month, Day, Year) DEC 0 3 1991	32. REGISTRAR'S SIGNA		BAUTO. 1	N. 7.	10212		

	TO THE FUNERAL DIRECTION And the confidence has been along the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-triple filled in the funeral director, page 5 should be detached for use as the burial-triple filled in the funeral director, page 5 should be detached for use as the burial-triple filled in the funeral director.
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BALTIMORE, MARYLAND 21215-0020

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH T. Brown	n				2. DATE OF DEAT	TM	YEAR	3. TIME OF DEATH 11:35 a
	4 SOCIAL SECURITY NUMBER 5 SEV 4 405 (I								
	165-20-0571 99. FACILITY NAME (If not institution, give to	1XXM 2 □ F	66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTI (Month, Day, 16 3-18-2	er)	Country	Sylvania
OR	Montgomery Gener	14-		or location of i	DEATH		ntga	mery	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v							
DIRECTOR	Maryland Monte	omery		y, town or loca heaton	TION				10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
TOO. STREET AND NUMBER 101. ZIP CODE 10g. CITIZE								EN OF W	HAT COUNTRY?
FUNERAL	14207 Grand Pre	Road				Uni	ited	States	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specif			- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR I	2 NO DATES		S 2 NO Spec	ean, Puerto Rican, etc ify:	.)	Black, Specify	
日	15. DECEDENT'S EDU (Specify only highest grade		160. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF	BUSINESS/INDL	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during m se retired.)_	ost of working				
COMPLETED	12		Adminis	trative A	sst.	Justic	e Departm	ment	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Ma	iden Sumame)		
BE	Harold Brown				Cathl	een English			
TO E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or		Code)	
-	Tom Brown-(Son)			s item #1(
	20e. METHOD OF DISPOSITION 1 ∰ burlal 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata CO	b. PLACE AND DATE of metery, crematory or of	ther place)			LOCATION — C		rn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Mt. Olivet		ND ADDRESS OF F	11/21/91 C	averton,		
	Patrinal	J- Lar	NON	Donnell	y-Callahai	n Funeral H	802 ome W. Pi	Susqu	uehanna Ave on, PA
z	iMMEDIATE CAUSE (Final disease or condition resulting in death)		A CONSEQUENCE OF						Interval Between Onaet and Death
SATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE OF	7:					
CERTIFICATION	CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	7:					
	DADT II Other should be a see No.								
EDICAL	PART II. Other significant condition	Vascolan			g cause given in	PER	S AN AUTOPSY FORMED?	1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	6902								YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outs	patient 3 7 DOA	OTHER:		6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME	OF 26c. INJ		28d. DESCRIBE HO	W INJURY OCCU	IRED	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?		,	MED	
								ute Number,	
9	29a. CERTIFIER			700					
COMPLETED	(Check only	CIAN: To the best of my know R: On the besis of examination							and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				Aonth, Day, Year)
0	Church Ho	welman "	20		0734	97	> 1	110	191
2	30. NAME AND ADDRESS OF PERSON WHO	b	A.	· M	003	Olnec	nd:	100	37
-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	44	Ch hully	12 715	OTTIEC	1116	300	25.
	AFA	9 1991	Julia Davids	an Mandal	6)		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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R	7	: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, th	

	1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Florence LaDonna Brown								MONTH DAY YEAR 12 01 91				5:20 a M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday)						IF UNDER 1 YEAR IF UNDER 24 HRS.			7. OATE OF BIRTH 8. BI			6. BIRTH	PLACE (State or Foreign
	282-26-0	6567	1 - M 2 X) F	81	81 YRS. MONTHS DAYS		HOURS	MIN.	July	Day, Year)	1910	Countr		
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)		_	9b. CITY	, TOWN	OR LOCAT	ION OF DE		14,		TTY OF D	
-	Berlin Nu					Ber						1117		
2		SIDENCE OF DECEDENT				Der	TIM					Wor	cest	er
ᆲ┃	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Md	Worc	ester		В	erlin	00	ean	City	,				t YES 2 NO
- 1	10e, STREET AND NUMBER							f. ZIP COD				10g, CITI	ZEN OF V	VHAT COUNTRY?
12632 Balte Road 21842 USA														
								_	- American Indian,					
2	1 Never Merried 2	Merried	FORCES?	YES 2			If yes, sp	ecity Cub	en, Mexico	en, Puerto Ric		0 110	Black	t, White, etc.
	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			1 VES	2 (XNO	Specit	ty:			Speci	" White
2	15. DEC	EDENT'S EDU	CATION	160.	DECEDENT'S	USUAL O	CCUPATI	ON		16b. F	IND OF BU	ISINESS/IND	USTRY	
1		y highest grade			(Give kind of life, Do NOT u	work done sa retired.)	during me	ost of work	dng					
- J	Elementary/Secondary (0	9-12)	College (1-4 or 5		usic T	oach	2016	mais.	-4-	T	on chi	m ~		
OMP	17. FATHER'S NAME (First, M	tirirlia I noti		IVIC	asic i	eaci	iei			AME (First, Mid	eachi		_	
- 1										1				
מר	Rex White				405 000 000	100000	0.404	LLa	Donr	na_An	n_Co	ry	0.41	
2	Paul Gord	,, ,								Route Number				
			own							cean (
	28a. METHOD OF DISPOSIT 1 Department 2 Cremette 4 Donation 5 Other		oval from State	other	CE OF DISPO place)							OCATION —		wn, State
				_ Sur	nset A	<u>lemo</u>	rial	Par	k		Bei	lin, Md.		
	21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE			B	urb:	ND ADDR	ESS OF FA	eral H	ome	108	Willi	iams St.
	N. 4	11/3	whar.			F	Berl	in I	Md	2181	1	100	AAIIII	dills 51.
	23. PART I. Enter the d	Issases, or	complications the	at caused the	daath, Do							iratory an	reat.	Approximata
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										Interval Between				
								Onset and Daeth						
disease or condition a. Als he mey Disease a. Due TO (OR AS A CONSEQUENCE OF):							1em							
			DOE IC	ON AS A CON	SEQUENCE (<i>)</i> -):								
5	Sequentially list condit	tions,	b	OR AS A CON	DECLIENCE (NE).								
=	If any, isading to imme cause. Enter UNDERLY		502 10	(On AS A COM	SECOLITOE (,, ,.								
3	CAUSE (Disease or Inju		c. DUE TO	OR AS A CON	SEQUENCE O)F):								
=	that initiated svents resulting in death) LAS	T T		(0.1.1.0.1.001.	000000000000000000000000000000000000000	, ,.								
CEMINFICATION		-	d											
	PART II. Other significa									n Part I.		N AUTOPSY	248	. WERE AUTOPSY FINDINGS
DICAL	Bater	110 1	che Los	165								RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1011	ntr	21 11	cim	2 0.4	Les	20	€.	_		1 🗌 YES	2 110		OF DEATH?
Σ	- 10,0	-			-//				-					1 YES 2 NO
Z	OF WAS CASE BETTER	DO MEDICA:						N AGE OF	DEATH: 47	Shook				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettient 2 ER/Outpetient 3 DOA 4 Nureing Home 5 Realdance 6 Other (Specify) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY AT 28d. DEŞCRİBE HOW INJURY OCCURED 1 NURY WORK?														
H	27, MANNER OF DEATH	mandle.	28e. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF IJURY	W	JURY AT		28d. DESC	RIBE HOW	INJURY OC	CURED	
M 1 YES 2 NO														
		Could not be	26e. PLACE building	OF INJURY — At p, etc. (Specify)	home, farm,	atreet, fed	ctory, offi	Ice		26f. LOCA City o	TION (Street	t and Numbe e)	r or Rural	Route Number,
4 Homicide determined 29e. CERTIFIER 1 CE														
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(e) and menner so atest									e) end menner ee ateted.					
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12-1-91								O (Month Day Year)						
2	100	of officers	10 00101 ======	105 05	TEN CO C	- 0.4.4		1		, , ,			1	' '/
	30. NAME AND ADDRESS O		HO COMPLETED CA	S / DEATH (11 EM 27) (Typ		11	,						
				, and		,0		*						
	31. DATE FILED (Month, Dely	("Your)" DE	32. REGISTE	AR'S SIGNATUR	F . 4.	Donato	A Par							

1 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the Sta IMPORTANT: If Item 28 is marked, or life	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed wirthin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has the filed writhin 72 hours after death with the State Dept IMPORTANT: If flem 28 is marked, or item 23	requires that the	theen signed by the	of Health and A	shows any inj
TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certified filed within 72 hours after death with the 8 IMPORTANT: If Item 28 Is marked, or	I. The law	cate has t	State Dept	item 23
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 Is man	PHYSICIA	this certifi	with the	ked, or
TO THE HOSPITAL OR ATTE TO THE FUNERAL DIRECTO be filed within 72 hours aft IMPORTANT: If item 28	NOING	R: After	er death	is mar
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 h IMPORTANT: If i	OR ATTE	DIRECTO	Hours after	tem 28
TO THE HI De filed wi	OSPITAL	NERAL	thin 72 h	INT: If I
	TO THE HI	TO THE FL	be filed wr	IMPORTA

1991

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND		RTMENT OF					91	32913		
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE	DLA	-	2. DATE OF	REG. NO.				
	Frederick S. Bever							MONTN	20		YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF LINDS	R 24 HRS.	7. DATE OF			8. BIRTHPLACE (State or Foreign		
	577-22-3301	1 NM 2 F) () YRS.	MONTHS DAY		MIN.	(Month, D.	ay, Ybar)		Country)		
	9a. FACILITY NAME (If not institution, give s	treet and number)	-		9b. CITY, TOV	OL OD LOCAT	1011 05 0	Sept.	20,19		Washington, D.C.		
Œ	National Luther				100		ION OF D	EATH			TY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	all none			ROCK	ville				Mont	gomery		
Ä	10a. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY		
ā	Maryland Prin	ice Georg	re.	Co	ollege	Park					LIMITS?		
A	10e. STREET AND NUMBER				1	10f. ZIP COD	Œ			10a CITIZ	EN OF WHAT COUNTRY?		
ER	7616-Charlton Ave	nue				207	40				ed States		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	VT EVER IN U.S.	ARMED	13 WAS		10	NIC ORIGIN? (S					
	1 Never Married 2 Married		YES 2 T	₹NO	It yes	specify Cub	an, Mexica	an, Puarto Rica	n, atc.)	DF NO.	14. RACE — American Indian, Black, White, atc.		
ВУ	3 Widowed 4 Divorced		MIN ON DAILS		,,,	ES 2 XNO	Specil	y.			Specify: White		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION			USUAL OCCUP			16b. KIP	ND OF BUSI	NESS/INDU	ISTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT us	work done during se retired.)	most of work	ng						
MP	12		V	ice-pr	residen	t		Per	petua	l Sav	vings Bank		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Midd	-				
ш	August Frederic	k Beyer				Lo	uise	Fahne	r				
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Numbe	r or Rural	Route Number, (City or Town,	State, Zip (Code)		
F	Carolyn L.Rossmil	ler (Dauc									land 20740		
	20a. METHOD OF DISPOSITION 1 Burial 2 □ Cremation 3 □ Remo		20b. PLAC	EANDDATE	OF DISPOSITION	(Name of		DATE	20c 10C		Ity or Town, Stata		
	4 Donation 5 Other (Specify)	oval from State	ROCK	crematory or o	Cemet	erv-De	ec.2	,1991 Washington, D.C.					
	21. SIGNATURE OF FUNERAL SERVICE LIC								S Sons Company Funeral Home Washington,DC 20002-5816				
	► Charles X	Bila	MIER	/	300-	IIIam 1+b S	Lee	's Son	s Com	pany	Funeral Home		
			1		1300	701 5	C. 1141	L, Wasii	rige	11,100	20002-3010		
	23. PART i. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heert failure. List only one cause on each line. Approximate interval Batween												
	IMMEDIATE CAUSE (Final disease or condition SERTIC SHOCK)												
	resulting in dasth)												
	DUE TO (OR AS A CONSEQUENCE OF):												
0	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
Ä	if any, leading to immediate cause. Enter UNDERLYING	5	TROVI	=	,								
표	CAUSE (Disease or Injury that initiated evants	DUE TO	(OR AS A CONS	EOUENCE OF	ŋ;	-							
CERTIFICATION	resulting in death) LAST				- 11								
AL	PART II. Other aignificant conditions	a contributing to	daath but not	reaulting I	n the underly	ing cause	given In	Part I. 24a	. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8	DIAMELES	MELLIT	パフ					_ 10	YES 2%		COMPLETION OF CAUSE OF DEATH?		
ME											1 TES 2 NO		
z													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D	EATH (Che	eck only one)					
SI	1 TYES 2 NO	1 Inputlant 2	ER/Outpatient	3 DOA	OTHER:	ome 5 🗆 Ra	aldence	6 Other (Sp	ecify)				
H	27. MANNER OF DEATH	28a. DATE OF (Month, D.	INJURY	26b. TIMI	E OF 28c. I	NJURY AT		28d. DESCRIE		JURY OCCU	RED		
ВУ	1 M Natural 5 Pending 2 Accident Investigation	, , , ,	-,,,			YES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At I	oma, tarm, a	treet, factory, of	fice		281. LOCATIO	N (Street and	d Number or	Rural Route Number,		
H	4 Homicide daterminad		2101 (0,0001))					City or to	wn, State)				
PE	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, o	leath occurre	d at the time, d	te and place	and due	to the cause/s	and mann	er se eleted			
COMPLETED	one) 2 MEDICAL EXAMINER	R: On the basis of as	ramination and/o	Investigation	n, in my opinion	, death occur	red at the	time, data and	place, and	dua to the	cause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	/ /	10.0										
BE	Marian F	NOVINA	(W)			Zac. LICE	306	T 99		DATE S	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIS	E OF DEATH OF	FM 27) /Tunn	Print)	0	50	101		1000	1011 101 1771		
	1 (AMATHAI D	LOT3110	MAD		17/1	ADDII	AI	(FND	50 /	20111	2 Rodeulle		
1	21 21 21 21 21	1001	1000		1110	INI	11-	0,17	-1- F	11-100	- Took office		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE										

DHMH-16 Rev 1/89

YEAR

3. TIME OF DEATH

REG. NO.

DAY

STATE

1. DECEDENT'S NAME (First, Middle, Lest)

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	SOURCE.
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.O. B(cartificate
L L	death
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OR	that
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¥.	F
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	was no attention buyernam. The law comings that the death certificate he executed within 20 mours after
ISION	CHICKIDIAN
2	00
	MTAI

2. DATE OF DEATH Ε. ELizaheth BABKA 8 Am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 213109641 DAYS HOURS 1 M 2 NF VRS. 8/25/1893 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Balto.City, Md. RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Balto.City, Md. 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21230 USA 1519 Covington St. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—it yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 □ YES 2 □ NO Specify: 14. RACE — American Indian, Black, Whita, atç. 1 Never Married 2 Married specify: White BY 3 Widowed 4 Divorced as the ED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY /Sn/ COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Own Home 8th.Grade Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown te John Neugenbauer BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr.James J.Babka 1516 Covington St.Balto.Md.21230 Page 6 may be pe 20a. METHOD OF DISPOSITION
1 St Burial 2 Cremation 3 Ramoval from Stata 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must 1 St Burial 2 Cremation 3 4 Donation 5 Other (Specify) of cemetary, crematory or other place)
Cedar Hill Cemetery 11/29 A.A.Co.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave Janes filled in by the fi on, or removal. medical 23. PART i. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such ee cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate intervel Between Onset and Deeth **IMMEDIATE CAUSE (Finel** by the attending physician and completely filler and Mental Hygiene prior to burial, cremation, we Injury, or other traumatic event, the SEPSIS dieeeee or condition resulting in death) 773 DUE TO (OR AS A CONSEQUENCE OF): O + HYDRATION CERTIFICATION Sequentleily ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, iseding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any signed Health a 1 ☐ YES 2 ☐ NO 1 YES 2 NO t. of h has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Item OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 28 is marked, 1 Natural 5 Pending 1 YES 2 NO BY After t 2 Accident investigation 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) 3 Sulcide S Could not be determined COMPLETED DIRECTOR. 4 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE di 0196 XD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1147 S. 11 NOVER M.M.C INER MO 32 GERELP David WATKING Randall DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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O X 0 C C C

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physicia	filled in by the funeral director, page 5 should be detached for use as the burial-tr n, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The ACCOUNT OF ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FIRSTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

isit permit. Pages 1, 2, 3 should

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFI	CATE OF D	EATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	L		OWLER, JR		2. DATE OF DEATH WONTH 2	2 9T	3. TIME OF DEATH 3:08 PM M		
	4. SOCIAL SECURITY NUMBER 215-14-6934	1 🔀 M 2 🗆 F	69 YAS.	MONTHS DAYS HO	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-26-192	Cour	HPLACE (State or Foreign aryland		
TOR	NORTH ARUNDEL HORESTORNE OF DECEDENT			GLEN BI		ATH	9c. COUNTY OF	. COUNTY		
DIRECTOR	Maryland Anne	Arundel		TOWN OR LOCATION	2			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	8214 West End I			101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21226 United States						
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ER IN U.S. ARMED YES 25 NO OR DATES	If yea, specify	Cuban, Maxican NO Specify	C ORIGIN? (Specify Yar , Puarto Rican, atc.)	n or No— 14. RAC Blac Spe	E — American Indian, ck, Whita, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	SUAL OCCUPATION ork done during most of retired.)	working		siness/industry					
	10 17. FATHER'S NAME (First, Middle, Last)		Book Bi		MOTHER'S NAM	Engravi NE (First, Middle, Malden	ng & Pi			
George I. Bowler, Sr. Helen M. Wilson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Mrs. A. Cather 20a. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		r 8214 W 20b. PLACE AND DATE OF cemetery, cremetory or othe Glen Have	est End Disposition (Name of		DATE 200 LO	CATION - Chy or T	Own State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Gien nave	MC CUII	DRESS OF FAC	eral Hom	ne of Pa	asadena		
	23. PART I. Enter the diseases, or a	complications that cau	used tha death. Do no	3 Z U 4 M C	OUNTAL f dying, auch	n Road P	ratory arrest.	Approximate		
	shock, of heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A.	Ilden &	Perth				Interval Batwean Onsat and Daath		
TION	Sequentially list conditions, if any, leading to immediate Due to for As A consequence on: Due to for As A consequence on: Due to for As A consequence on:									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated avants resulting in death) LAST	OUE TO YOU	MI A CONSEQUENCE OF	ul Info	Me	m infe	Which	1 min		
	PART II. Other significant condition	s contributing to shart	th but not resulting in	the underlying cau	ne given in	Wrt I. 24s. WMS AN.		WEHE AUTOPSY FINDINGS		
: MEDICAL	Cenfilm	it Vir	enly I	frence		1 [] YES 2	23/46	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRIED TO MEDICAL EXAMINERY	HOSPITAL:		THER	OF DEATH (Choic	The state of the s				
ВУ РНУ	27. MANNER OF DEATH 1 Humani S Pending 2 Accident Investigation	1 ☐ Impatient 2 ☐ ERIC 28s. DATE OF INJUI /Month, Day No.	RY 285, TIME		r .	Cother (Specify) 28d. DESCRIBE HOW II	NUMY OCCURED	NEW T		
ED	3 Suicitée & Could not be determined	28e. PLACE OF INJ. building, etc. ()	UTTY — At home, farm, str. Specify)	ret, fectory, office		281, LOCATION (Nimet a City or liver), State)	nst Number or Musel I	South Humber		
COMPLET	29a. CERTIFIER (Check only one) 1- CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my kr	nowladge, death occurred	at the time, date and p	lace, and due to	o the cause(a) and man	ner as stated. d due to the cause(s	e) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	much		29c,	LICENSE NUME	DER 703	29d. DATE SIGNED			
	30. NAME AND ADDRESS OF PERSON WHO MICHAEL GARAHY,			WOOD ROAD,	/PASADE	NA, MARYLA	ND 21122			
	DFC 03 1991	32 AREGISTRANS S GUNA DAVID	Son-Randell							

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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Vera NOV. 29 DAY 1991 YEAR Bayne 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-16-5200 Maryland 1 M 2 5 DAYS HOURS YRS. 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Baltimore County General Hospital Pages 1, 2, 3 Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. BAltimore Sparks 1 YES 2 XNO use as the burial-transit permit. 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 23 Rainflower Path 21152 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puarto Rica IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Widowed 4 X Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL DCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade 16b. KIND OF BUSINESS/INDUSTRY page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 6th Housekeeper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Schindler Ħ Louise Appel BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Norma Bosse 23 Rainflower Path Sparks MAryland 21152 pe 20a, METHOO OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION — City or Town, Stata DATE director, Loudon Park 12/2/91 BAltimore Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MAceAve. 21221 by the freemoval. Bus medicai filled in by f 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory erreat, ahock, or heart plure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition cremation. Cerebro vascular accident completely resulting in death) other traumatic event, Thremboembolic diseaso attending physician and con mal Hygiene prior to burial, Systemic T DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE DF): resulting in death) LAST 6 e Dept. of Health and Mental H m 23 shows any Injury, o een signed by the atter of Health and Mental PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? disease 1 TYES 2 NO OF DEATH? 1 YES 2 NO Athero scherotic PHYSICIAN: Desplase vascular disease 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) this certificate h the State **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Homa 5 □ Rasidenca 8 □ Other (Specify) 1 YES 2 NO 1 Inpetient 2 I ER/Outpetient 3 I DOA 9 27. MANNER OF DEATH 28a, DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME DF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation 1 YES 2 NO After th BY 2 Accident 28s. PLACE OF INJURY - A1 homa, 1arm, streat, factory, offica 69 3 Sulcida 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR: hours after of 28 4 Homicide Hem 29a. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 1) 38882 BE 29d. DATE SIGNED (Month, Day, Year) 291 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALTALIB, KHALID County General Hospital Bultmale 32 REGISTRAR'S SIGNATURE Lulia Davidson-Randelle DEC 0 3 1991 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hursial transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND I	MENTAL HYGIEN				
	t. DECEDENT'S NAME (First, Middle, Lest) JAMES	RICHARD	BARCUS.			2. DATE OF DEATH	MAY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218-10-4340	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-08-19	8. BIRT	HPLACE (State or Foreign		
DIRECTOR	98. FACILITY NAME (IT not institution, give Francis Scott Kel RESIDENCE OF DECEDENT		ι.	Baltimo)	re City	АТН	9c. COUNTY OF	DEATH		
	Maryland Bal:	timore		ry, town on Loca Indalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	2503 W. Woodwell	Road		10	21222	USA	WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexicar 2 NO Specify	IIC ORIGIN? (Specify Yen, Puarto Ricen, atc.)	e or No— 14. RAC Blac Spec	E — American Indian, ck, White, etc.				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementery/Secondery (0-12) 8th Grado	JCATION e completed) College (1-4 or 5 +)	USUAL OCCUPATION work done during mose retired.)	ON at of working	A & P	SINESS/INDUSTRY				
COM	17. FATHER'S NAME (First, Middle, Lest)		meter ea		The second second second	ME (First, Middle, Maiden				
BE	Dean Leroy Barcus	3	405-3444-344			de Ann Sk				
5	Anna Lee Barcus					, Baltimo,		21222		
	20a, METHOD OF DISPOSITION XX Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelary, crematory or other place) VAR Lawn Cemetery 11/30 Baltimore, MD									
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE COMO	10		Ruck Fun Wise Ave					
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart fellura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIF	CAUSE (Disease or injury that initiated evanta resulting in death) LAST	d. DUE TO (OR AS)	CONSEQUENCE DI	in face	IT I	20 Mens				
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	ns contributing to death to	Au	HTA	causa given in P	AUTOPSY 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (Chec					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJURY WO	JRY AT	28d. DESCRIBE HOW II	NJURY OCCURED			
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	— A1 home, farm, s	street, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know	ledge, death occurre	ed at the time, data	and place, and due to	o the cause(e) end men	ner as stated.) end menner as stated.		
TO BE C	SHP SHOWATURE AND STILLE OF CERTIFIES	2	W)		DO43	S 83	29d. DATE SIGNED	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH	enoug	h wi	てい -	3 alt	Sokins G	erial m	a Conte		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE DELINATION	Andelle !						

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO								
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		3. TIME OF DEATH		
James	н.	Chand	ler. Jr.	MONT	TH DAY 2.8	199	3:11 A ^N		
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 2		OF BIRTH	8. E	BIRTHPLACE (Stelle or Foreign Country)		
220-54-9937	1 🔀 M 2 🗆 F	42 YRS.	THS DAYS HOURS		21, 194		altimore, Md.		
9e. FACILITY NAME (If not institution, give s		96.	CITY, TOWN OR LOCATION			9c. COUNTY			
Burdick Park	ther Aven	diamonn	Baltimo	re					
10a. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY		
Maryland		Ralt	imore City				LIMITS?		
10e. STREET AND NUMBER		Dare	101. ZIP CODE			10g. CITIZEN	1 X YES 2 NO		
6307 Fairdel Avenue			21206				d States		
11. MARITAL STATUS	12. WAS DECEOENT EVER	N U.S. ARMEO	13. WAS DECENDENT OF		N? (Specify Yee		RACE — American Indian,		
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR E		It yee, specify Cuban, 1 ☐ YES 2 🕅 NO	Maxican, Puerto	Black, White, etc. Specify: White				
15. DECEOENT'S EOUR (Specify only highest grade	CATION completed	16a. DECEDENT'S USU	AL OCCUPATION	168	. KINO OF BUSI	NESS/INOUST			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retii	done during most of working red.)						
11		Permanent [Disability						
17. FATHER'S NAME (First, Middle, Last)				R'S NAME (First,					
James H. Chandler, S	r.		Mar	y Leslie	Ellinger				
19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number of				(9)		
James H. Chandler, S	r.	6307 Fa	airdel Avenue	Baltimore	e, Md. 21	206			
20e. METHOD OF DISPOSITION 1	oval from State	o. PLACE ANO DATE OF OIS	SPOSITION (Name of	OAT	E 20c. LOC	ATION City	or Town, State		
4 Donation 5 Other (Specify)	- Ga	irrison Forest	: Veterans Cem	. 12/3/91	Owing	s Mills	, Maryland		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS.	OF FACILITY					
Mark T	- Lauryna	_	5305 Harfon	d Rd. Ba	ltimore	MH :	21214		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS A	CONSEQUENCE OF:	nind of "	raen					
reading in death, LAST									
PART II. Other algnificant conditions	s contributing to death b	ut not reaulting in the	a underlying cause giv	an in Part I.	24e. WAS AN AI	UTOPSY	24b. WERE AUTOPSY FINDINGS		
					PERFORM 1 YES 2		AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEA	TH (Check only on	10)				
1 🔀 YES 2 🗌 NO	1 Inpetient 2 ER/Outp		HER: Nursing Home 5 - Reald	denca 6X Othe	r (Specify) Dl	1blic	park		
27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT		CRIBE HOW INJ		L.		
1 Natural 5 Pending 2 Accident investigation	Found 11 28 19		1 TYES 2 X	vo Sel	finf1	icted	wound		
Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, tarm, street,	tactory, office	281 1 00	ATION /Street on	d Mumber on Di	and Dougle Alumbus		
4 Homicide determined	in publ	ic park		Gen	more 8	ural Ural	ck Park ther Avenue		
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSI	EIAN: To the beal of my know R: On the beals of exemination	ledge, death occurred at t	the time, date end place, er	nd dua to the cau	se(a) and manne	er as atated.			
28E SIGNATURE AND THE OF CENTIFIER	3//		29c, LICENS						
half?	Hun					N	NEO (Month, Oay, Year)		
SE NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Torm, Fried)	1 0.0	C.M.E.		11 2	28 1991		
FRANK J. D	ENETTIN	Mark Commence of the Commence	C to the contract of the contr	D 1.		14	1 0 1 0 0 1		
31. OATE FILEO (Month, Odd 1)	32. REGISTRAR'S SIGN	ATURE TELEPO	in street.	, Balt	ımore	Mary.	land 21201		
DEC A	1991 84	Twide &	dalla						
Mile if	0	- Mariana - Maria					DHMH-16 Rev 1/8		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Sours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Midd	He, Last) (ARCHIE)						2. DATE OF DE	ATH DAY,	YEAR	3. TIME OF DEATH	
	ARCHER 4. SOCIAL SECURITY NUMBER	CHAPPELL							77	28	91	53 PM	
	225-14-6391	5. SEX	6. AGE (In yrs. les	-	IF UNDER	DAYE	IF UNDE	R 24 HRS.	7. DATE OF BIR (Month, Day,	(ber)	8. BIRTN Countr	PLACE (State or Foreign y)	
	9a. FACILITY NAME (If not institution	Α.	00) Ins.	Ob CITY	70000	ODLOCAT					MD	
R		EMORIAL HOSI	ד תיחד		96. CITY, TOWN OR LOCATION OF DEATN BALTIMORE CITY						9c. COUNTY OF DEATN		
DIRECTOR	RESIDENCE OF DECEDE	NT	TIAL		BAI	1. T.M	ORE	CITY					
RE		COUNTY			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			
	MD 10e, STREET AND NUMBER			BAL	TIMO							1 YES 2 NO	
FUNERAL	717 DRUID PAR	. 31	.0 10t. ZIP CODE 21217					U.S.A.					
ВУ	11. MARITAL STATUS 1 X Naver Married 2 Married 3 Wildowed 4 Divorced	MED		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— It yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:					14. RACE Black Specif	- American Indian, , White, atc. Y: BLACK			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										32.1011			
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT usa retired.) (Give kind of work done during most of working life. Do NOT usa retired.)												
MP	GAS & ELECTRIC COMPANY											YNAAMC	
	17. FATNER'S NAME (First, Middle, I	Last)							ME (First, Middle, A	Maiden Surneme)		
BE	19a. INFORMANT'S NAME (Type/Pri	int)	140					ENDI					
196. INFORMANT'S NAME (Type/Print) ANNIE MOORE 199. INFORMANT'S NAME (Type/Print) ANNIE MOORE 199. INFORMANT'S NAME (Type/Print) 717 DRUID PARK LAKE DR. APT. 609/BALTO., MD 2121										, MD 21217			
20s. METNOD OF DISPOSITION 1 XI Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OWINGS MILLS, MD)													
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	-0		22.	NAME AN	ND ADDRE	SS OF FAC		J. 11100		, , , ,	
	Mm.c.MARCH F.H./1101 E. NORTH AVENUE												
	23. PART I. Enter the disease ehock, or heert f	es, Dr complications the allure. Liat only one car	t caused the de	ath. Do r	not enter	the mo	de of dy	ing, euch	ae cardiac or	reapiratory a	arreet,	Approximate	
	IMMEDIATE CAUSE (Final	A			CALL	4 67x						Onset end Deeth	
	disease or condition resulting in death)	0	KATOR	y	177	NU							
		DUE TO	(OR AS A CONSEC)	DUENCE OF	F):								
CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSEC	DUENCE OF	FI:								
SAT	if any, leading to immediate ceuse. Enter UNDERLYING) .											
Ë	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE DE	F):	~							
EB	reaulting in death) LAST	d											
	PART II. Other aignificant co	nditiona contributing to	death but not re	eaulting i	in the un	derlylno	7 091180	duen in f	Port I Day W	AS AN AUTOPS			
EDICAL	CALCOUT	MOPATHY	CRP.		in the un	uerrynng	d canse é	hven m r	PI	ERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE	
B			<u> </u>						1 🗆 Y	ES 2 NO		OF DEATN?	
Σ.									-			1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MED	ICAL				26. PL	ACE OF D	EATN (Chec	ck only one)				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatlant 3	□ DOA	OTHER	t:			5 Other (Specific	v)			
E	27. MANNER OF DEATN	28a. DATE OF (Month, D	INJURY av Yearl	28b. TIMI		28c. INJ1	-		28d. DESCRIBE I		CCURED		
B∀	1 Natural 5 Pendin 2 Accident Investi	19			M		ES 2	NO					
ED	3 Suicide 8 Could 4 Homicide determ	building.	F INJURY — At hor atc. (Specify)	ne, tarm, a	treet, tacto	ory, office			28t. LOCATION (S City or Town,	Street and Numb State)	er or Rural Ro	oute Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING	PNYSICIAN: To the beat of	my knowledge des	th occur	ed at the at	me det	and class		N. Al	,			
M	(Check only one) 2 MEDICAL E	XAMINER: On the basis of a	camination and/or is	nvestigation	n, in my o	pinion, de	and place,	and dua t	ime, data and pla	d manner as st	the course(s)	and manner as stated	
	29b. SIGNATURE AND JULE OF CE							NSE NUMI					
O BE	West	Wey M.J					asc. LICE	HOE NUMI	out.	29d. DA	11/28	Month, Day, Yeer)	
2	30. NAME AND ADDRESS OF PERS	ON WND COMPLETED CAUSE	SE OF DEATH (ITEM	27) (Type,		× Mn	eini	147	FIAL	ROFE	CAD O	171718	
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	, , , , ,	* ,]	1.14	PIPE.	110	Os talle.	ynui	עויו,	41410	
	חבר	0 1001	P.O. K. 1	50		*							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEHI	IFICE	ALE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) STACY C	HAPMAN (SHA	DON) C	HAPM	AN		2. DATE OF	F DEATH	Ď 19	CAD	e of DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. lest birtho	MONT	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month), 5 - 27	Day, Year)		BIRTNPLACE ((State or Foreign
	90. FACILITY NAME (If not Institution, give: THE JOHNS HOP					OR LOCATION OF D	EATH	-31	9c. COUNTY		טויו
	RESIDENCE OF DECEDENT	KINS HUSPITA	VL		BALI	IMORE CI	TY		BALT	IMORE	
	MD 106. COUNT	Υ		ALTI	MORE	TION				LfA	SIDE CITY MITS? (ES 2 NO
	100. STREET AND NUMBER 5006 DENVIEW WAY	APT. C			1 21200					S.A.	UNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, s	CENDENT OF NISPA Decify Cuben, Mexico S 2 NO Specifi	en, Puerto Ric	(Specify Yes en, atc.)	or No- 14.	RACE Amer Black, White, Specify:	ericen Indien, etc.
	15. DECEDENT'S EDU (Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								1011	
	Elementary/Secondery (0-12) College (1-4 or 5 +) CHILD CHILD										
	17. FATHER'S NAME (First, Middle, Last) WILLIAM CHAPMAN TRACY BROWN										
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								de)		
- 11-	BARBARA SMITH		500	6 DE	NVIEW	WAY APT					6
L	20e. METNOD OF DISPOSITION 1 Suriel 2 X Cremetion 3 Rem 4 Oonetion 5 Other (Specify)	loval from State	GREENMO	UNT PI	CEMET	ERY	DATE		I MORE	or Town, State	P
	21. SIGNATURE OF FUNERAL SERVICE LI	tto K.	Jon			MARCH F.)1 F.	NORTH	AVENU	E
	IMMEDIATE CAUSE (Final	complications that cause List only one cause on Die To (OR AS	each line.			oda of dying, suc	h as cardla	c or respir	atory arrast,	Or	pproximate itarval Betweenset and Daat
	Sequantially list conditions, if any, leading to immediate	b. ALDS DUE TO (OR AS	A CONSEQUENCE	INSEQUENCE OF):						6	m
	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	c. encept DUE TO (OR AS	A CONSEQUENCE	E OF):						2	n
	PART II. Other algnificant condition	s contributing to death	but not reaulting	ng In the	undarlyin	g cause givan in		Is. WAS AN A PERFORM	AUTOPSY AED?	COMPLET	UTOPSY FINDINGS ILE PRIOR TO ETION OF CAUSE
							_			1 YE	S 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck onfy one)				
	1 TYES 2 NO	1 Inpatient 2 ER/Out		A 4 🗆		e 5 🗆 Residence	8 Other (S	(pecify)			
	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b.	TIME OF INJURY		URY AT PRK? YES 2 NO	26d. DESCR	IBE NOW IN	JURY OCCURE	:D	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, fer	m, street,	factory, offic		26f. LOCATI City or	ON (Street an fown, State)	nd Number or R	iural Route Num	nber,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of my known R: On the bests of examination	wiedge, death occ	curred at ti	he time, date	end place, end due	to the ceuse	(s) end menn	ner ee eteted.	use(s) and me	onner en eteted
I	THE SIGNATURE AND TITLE OF CHITISTES	les: m	0			29c. LICENSE NUN	/BER		29d. DATE SIG	GNED (Month, D	Day, Year)
1	00. NAME AND ADDRESS OF PERSON WN	O COMPLETE CAUSE OF D	EATN (ITEM 27) (7	ype, Print)		D3148				30/9/	
3	DEC 3	199 STRAR'S AG	La Devidson	n-Pr	dell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Joseph L. Cole

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RA	on attraction buyoning buyoning the law requires that the death certificate he executed within 24 months after de
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	90
-	14
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	4. SOCIAL SECURITY NUMBER	5. SEX 6. A								
		1 M 2 D F	GE (In yrs. lest birthdo	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8.	BIRTHPLACE (Country) Md.
-	212 30 6676 9e. FACILITY NAME (If not institution, give		JO THE		Y TOWN (R LOCATION OF D		12132		Y OF DEATH
- 1							CAIN		Sc. COUNT	OF DEATH
	Loch Raven VA Me					MORE			1	
#	10e. STATE 10b. COUNT	Υ		CITY, TOWN		ION				10d. IN
- 11-	MD 100, STREET AND NUMBER			Baltim	_	, ZIP CODE				1 🗆 Y
FUNERAL		chusetta Av	7e.		101	21229			US	N OF WHAT CO
. 10	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO It yes, s			ecity Cuban, Mexico 2 NO Specifi	n, Puerto			Specify:
F	15. DECEDENT'S EDI (Specify only highest gradi Elementery/Secondery (0-12)		18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				186	. KIND OF BUS	SINESS/INDUS	STRY
	17. FATHER'S NAME (First, Middle, Last) Samuel L	. Cole	y - 537			16. MOTHER'S NA		Middle, Maiden Smi		
1	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	SS (Street a	nd Number or Rural	J			ode)
2 ∥	Sedonia A. Co	le	8	Viola	Rd.	Spring	Val1	ey, N.	Y. 109	977
	20a, METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Ren	noval from State	20b. PLACE AND D			(Name	DAT	E 20c. LO	CATION — CI	ty or Town, Stat
Ŀ	4 Donetion 5 Other (Specify)			son F	ores			Ow	ings N	Mills.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	-7	22		ep Broth		Funera	1 Home	P.A.
	100C	1 long			13	00 Eutaw	P1.	Balto	Md.	21217
	Sequentially list conditions.	b		5.AD						
	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reculting in death) LAST	C	AS A CONSEQUENC							
	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	c	AS A CONSEQUENC	E OF):	underlyln	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE ANAILA
MEDICAL CERTIF	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	c	AS A CONSEQUENC	E OF):	underlyin	g cause given in	Part I.		RMED?	AVAILA
AN: MEDICAL CERTIF	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other eignificent conditions to the conditions of the conditions of the conditions of the conditions of the ceuse of	c	AS A CONSEQUENC	E OF):		g cause given in		PERFOR	RMED?	AWAILA COMPL OF DE/
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COMPLETED BY THISICIAN: MEDICAL CENTER	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	DUE TO (OR d HOSPITAL: To inpetient 2 = ERU 28e. DATE OF INJU (Month, Day, 16 28e. PLACE OF IN, building, etc.	AS A CONSEQUENC th but not result! //Outpetient 3 DO JRY JRY JURY — At home, fa (Specify)	OTHE A A OTHER INJURY M	26. PER: ureing Hon 28c. IN. W 1	LACE OF DEATH (C) The 5 Residence SURY AT YES 2 NO The control of the control	a Other	PERFOR 1 YES 2 or (Specify) SCRIBE HOW I CATION (Street or Town, State)	INJURY OCCU	AMAILA COMPL OF DE/ 1 Y RED RED Aurel Route Nu ceuse(e) end m
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O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIF	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reculting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR d	AS A CONSEQUENCE The but not result Toutpetlent 3 DO JRY 266. JURY — At home, factorized the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and constitution	OTHE A UNIT TIME OF INJURY M	26. PER: ureing Hon 28c. IN. W 1	LACE OF DEATH (C) The 5 Residence SURY AT YES 2 NO The control of the control	a Other	PERFOR 1 YES 2 or (Specify) SCRIBE HOW I CATION (Street or Town, State)	INJURY OCCU	AMAILA COMPL OF DE/ 1 Y RED RED Aurel Route Nu ceuse(e) end m
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIF	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	DUE TO (OR d	AS A CONSEQUENCE The but not result Toutpetlent 3 DO JRY 266. JURY — At home, factorized the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and/or investignment of the constitution and constitution	OTHE A UNIT TIME OF INJURY M	26. PER: ureing Hon 28c. IN. W 1	LACE OF DEATH (C) The 5 Residence SURY AT YES 2 NO The control of the control	a Other	PERFOR 1 YES 2 or (Specify) SCRIBE HOW I CATION (Street or Town, State)	INJURY OCCU	AMAILA COMPL OF DE/ 1 Y RED RED Aurel Route Nu ceuse(e) end m
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICA	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reculting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR d	AS A CONSEQUENCE The but not result Toutpetlent 3 DO JRY 266. JURY — At home, faction and/or investing and investing the constitution and/or investing the constitution and/or investing the constitution and/or investing the constitution and/or investing the constitution and/or investing the constitution and/or investing the constitution and/or investing the constitution and	OTHE A UNIT TIME OF INJURY M	26. PER: ureing Hon 28c. IN. W 1	LACE OF DEATH (C) The 5 Residence SURY AT YES 2 NO The control of the control	a Other	PERFOR 1 YES 2 or (Specify) SCRIBE HOW I CATION (Street or Town, State)	INJURY OCCU	AMAILA COMPL OF DE/ 1 Y RED RED Aurel Route Nu ceuse(e) end m

Joseph L.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Cole

91 32921

10g. CITIZEN OF WHAT COUNTRY? USA

3. TIME OF DEATH

6:25 a.m.

10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black, White, atc.

Afr. American

Approximate Interval Between **Onaet and Death**

24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

e end piece, end due to the ceuse(e) end menner ee stated.

29d. DATE SIGNED (Month, Day, Year)

8. BIRTHPLACE (State or Foreign "Md.

2. DATE OF DEATH DAY

11/25/91

DHMH-16 Ray 1/89

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Furs after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	executed wi	and compli	natic eve
6 DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	injury, or other traum
RECOR	requires that	een signed by	shows any
VITAL F	MAN: The law	rufficate has b	or item 23
NO NO	DING PHYSIC	After this ce	marked,
DIVISIO	OR ATTEND	DIRECTOR: /	Item 28 is
9	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 h	IMPORTANT: IF

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIENI	1	
1. DECEDENT'S NAME (First,	Middle, 1 9<11		OLIVIII	AIL OI	DEATH		OF DEATH		3. TIME OF DEATH
VIOLET	IREN	E CRUTO	CHLEY			MONT	1-20	1-9	200 PM
4. SOCIAL SECURITY NUMBER	3	. /	MC	FUNDER 1 YEAR	IF UNDER 24 HRS.	(Monti	OF BIRTH h, Day, Year)	- 4	BIRTHPLACE (State or Foreign Country)
220-16-616 9a. FACILITY NAME (If not ins			6 YRS.			-	15-192	9c. COUNTY	est Virginia
				Towson	R LOCATION OF D	EATH		Mary	
St. Joseph		Jacus						Mary	
Maryland	Balt	imata		TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	buu	anone	, vu	ndalk	ZIP CODE			10a, CITIZEN	1 TYES 2 NO
7437 Duruvo	od Roa	d			2122	2		USA	
11. MARITAL STATUS		12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	1? (Specify Yea		. RACE — American Indian, Black, White, atc.
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, apecify Cuban, 1 YES, GIVE WAR OR DATES 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO						rsiomi, mio.)		Specify: White
15. DECE	DENT'S EDUCA	ATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	166	, KIND OF BUS	INESS/INDUS	
(Specify only Elementary/Secondary (0-	highest grade c	College (1-4 or 5+)	(Give kind of won life. Do NOT use r	k done during mo etired.)	st of working				
10th Grade			Homemake	ア			Own Ho	ome	
17. FATHER'S NAME (First, Mic					18. MOTHER'S NA				
Harley Ray Rhodes Nellie Blanche Baldwin 1910. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Paul L. Cru		,,			ra Number of Hurel Road. Ba				
209, METHOD OF DISPOSITIO	ON	20	. PLACE OF DISPOSIT						or Town, State
1XXSurial 2 Cremation 4 Donation 5 Dother		val from State	Holly Hil	e		12/0	2 Bal	timor	e. MD
21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE		22. NAME A	ID ADDRESS OF FA	ACILITY			undalk. Inc.
Ocar	M T	Card	en.						MD 21222
23. PART I. Enter the dis		omplications that cause lat only one cause on a							
IMMEDIATE CAUSE (Fine	Bİ								Onaat and Daath
disease or condition reaulting in death)	> s	CARDIO PL DUE TO (OR AS	LMONARY	FAILL	no				1mm+DAI
									2 100
Sequantially list condition	linto	ASPIRAT DUE TO (OR AS	CONSEQUENCE OF):		17				2009
cause, Entar UNDERLYII CAUSE (Diseasa or Injur	V C	SCLERO!	DENMA	SYSTO	-k11C				25 years
that initiated events		DUE TO (OR AS	A CONSEQUENCE OF):						
	4	•							
PART II. Other aignifican	conditions	contributing to death i	out not reaulting in	tha undarlyin	g cause given in	Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 YES 2	XNO	COMPLETION OF CAUSE OF DEATH?
									1 TYES 2 NO
25. WAS CASE REFERRED TO	MEDICAL			26 DI	ACE OF DEATH (C	back only o	70)		
EXAMINER?	WILDIONG -	HOSPITAL:		OTHER:	e 5 Residence				
27. MANNER OF DEATH		26s. DATE OF INJURY	28b, TIME (OF 28c. INJ	URY AT	1	SCRIBE HOW I	NJURY OCCUP	RED
	Pending nveatigation	(Month, Day, Year)	INJUF		YES 2 NO				
3 Suicide 8 (Could not be	26a. PLACE OF INJUR building, atc. (Spe	/ — At home, farm, streetly)	eet, factory, offic	a .		CATION (Street of Town, State)	and Number or	Rural Route Number,
	latarmined								
ana)		CIAN: To the best of my know							
2 Mebri		i: On the basis of examination	on and/or investigation,	In my opinion, o			a and placa, an		ause(a) and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	1 40		11	29c. LICENSE NU				GIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF D	TENION PI	rine)	NOST			110	0-28,1991
BERNAND S. K.	ARSINS	In. Mo.	101 W. RE	no ST.	Rm 107	B	1070 1	70 2	120/
31. DATE FILED (Month, Day,		32. REGISTRAR'S SIG	NATURE			, ,		1/1	
DEC	9 1	001 Le 1	Cie . Man	003					

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	1 - STATE REGISTRAR	STATE OF MA	RYLAND	/ DEPART	MENT OF	HEALTH AND	MENT	AL HYG				
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD	CLARK	PEGO		7112	DEATH	2. DA MO	TE OF DEA	TH DAY	YEAR	3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. I				11			1991		1	
	187-03-4961	5. SEX 8.		_	ONTHS DAY		(Mo	onth, Day, Yo	ar)	8. BIRT	THPLACE (Si	tate or Foreign
	9a. FACILITY NAME (If not institution, give		76					7-10-				vania
DIRECTOR	7703 Troquois Av					ON OR LOCATION OF	DEATH		9c. 0	Balt	imore	
E	10a. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LO	CATION					I and the	DE CITY
	Maryland Bal	timore			mere						1 YES	TS? S 2 [X] NO
RA	7703 Iroquois Av	21444.2				101. ZIP CODE				CITIZEN OF	WHAT COU	NTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VED III II O			21219				USA		
	1 Never Married 2 Married	FORCES? 1 V	VES 2	NO NO	13. WAS	DECENDENT OF HISP specify Cuban, Maxi	ANIC ORIG	ilN? (Specif o Rican, ato	y Yaa or No-	- 14. RAC Bloc	CE — America ck, White, at	can Indian, ic.
ВУ	3 Widowed 4 Divorced	WWII - NO	OR DATES		10	rES 2 NO Spe	cify:			Spe		4 -
O	15. DECEDENT'S EDI	UCATION	2	ECEDENT'S US	I OCCUP	ATION	1.	DE MINIO O		1	Whi	te
ET	(Specify only highest grad	e completed)		Give kind of wor	k done during	most of working	,	66. KIND O	BUSINESS	INDUSTRY		
PL	Lienternal y/Secondary (0-12)	College (1-4 or 5+) 4 UEUUS	Pa	ller	,			D (1	0 1			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	+ years	I KO	uer					rlehen		el Co.	rp.
	Ami Pegg					18. MOTHER'S				Θ)		
BE	19a. INFORMANT'S NAME (Type/Print)					Vern	ie R	hyna	ıd			
2	Marian E. Pegg		,			et and Number or Rurs						
	20p. METHOD OF DISPOSITION					ois Avenu					2121	9
	1) Buriel 2 Cremation 3 Ren	noval Irom Stata	cegnetery, c	AND DATE OF	DISPOSITION Diace)	(Name of	1		LOCATION	- City or T	own, Stata	
- 2	4 Donation 5 Other (Specify)	ney Va						ium. 1	ND			
	21. SIGNATURE OF PUNERAL BERVICE D	CENSEE			Dude	AND ADDRESS OF	uneral Home of Dundalk, Inc.					
	+ Jacob	Cours	0		792	2 Wise Au	new	C HOII	ie of	vunac	UR,	1nc. 222
	23. PART i. Enter the diseases, prehock, present failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. MET	on aach iin	n.		mode of dying, au					Inta	proximate prvai Between set and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		EQUENCE OF):								
CALC	PART II. Other algnificant condition	ns contributing to das	ith but not	reaulting in 1	tha underly	ing cause givan in	n Part i.		S AN AUTOPS	SY 241	D. WERE AUT	OPSY FINDINGS
MEDIC	Hypurzionsio	U, GOUT	124	ZUHN	THM	A		1 🗌 YE	s 2 pho		OF DEATH	ON OF CAUSE
PHYSICIAN:												
<u></u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only o	one)				
S	1 TES NO	1 Inpatiant 2 ER	/Outpatlant :		THER: Nursing H	oma 5 Raaldenca	6 Oth	ar (Specify)				
27. MANNER OF DEATH 268. DATE OF INJURY 280. TIME OF 28C. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
M 1 YES 2 NO												
8	DAL DI ACCI DE MAINE									D/		
	4 Homicide determined	building, atc.	(Specify)				City	or Town, S	tate)	0, 710,01	TOUTO TYDITLE	и,
"	29a. CERTIFIER CERTIFICATION											
M	(Check only one)	ICIAN: To the best of my	knowladge, d	eath occurred a	t the time, d	ate and place, and du	a to the co	use(a) and	manner as s	stated.		
COMPLE		R: On the basis of axemi	nation and/or	Investigation, I	n my opinion	, death occured at th	a Jima, del	a and place	, and dua lo	the cause(a) and mann	er as stated.
BE	296, SIGNATORE AND TITLE OF CHITIFHE	1	100			29c. LICENSE NU	MBER		29d. D	ATE SIGNED	(Month, De	y. Year)
0	10 had	oun		, D		H41-	265	5	•	11/2	9/9	1
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH DTE	M 27) (Type, Pri	w)					-	-+-	
	ROBERT GOT	ELSIED D	.0.	1016	FRA	NKLINS	AUE	SE C	7 .56	BALT	m-	1737
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									

Julia Savidson-Randalle

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OHMH-16 Rev 1/89

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TO THE NO THE PAGE AND THE FIRM	HOSPITA	FUNERAL	
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	220		
(IL		TO THE HOSPITAL OR ATTEN	TO THE HOSPITAL OR ATTENC TO THE FUNERAL OIRECTOR: The filed within 79 hours after

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DEC 0 3 1991

	FOR 1 - STATE	STATE OF	MARYLAND / DEPA	RTMENT	T OF HE	EALTH AI	ND MEN	9 1 ITAL HYGIEN	0 .	2921	4
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Let	st)	CERTI	FICATE	E OF	DEATH		REG. NO			
	Alice P. Donneys							IONTH D	8 19	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY HUMBER	5. SEX	8. AGE (In yrs. last birthday	7		IF UNDER 24 I		ATE OF BIRTH	13	O. BIRTHPL	ACE (State or Foreign
	218-28-2060	1 🗆 M 2 🖔 F	69 YRS.	MONTHS DAYS HOURE MIN. (A				Morith, Day, Year) 2-12-192	2	Country)	Md
OC.	9a. FACILITY HAME (If not institution, giv		t and number) 9b. CITY, TOWN OR LOCATION OF DEATH						9c. COU	ITY OF DEAT	Н
Ē	1021 N. Carrolltor	1 Avenue		B	altimo	ore					
DIRECTOR	10a. STATE 10b. COU	нтү	10c. C	ITY, TOWN C	OR LOCATIO	ON				10	d. IHSIDE CITY LIMITS?
	Md		В	altimo	re					1)	YES 2 HO
FUNERAL	100. STREET AND HUMBER				101. 3	ZIP CODE			10g. CITI	ZEH OF WHA	T COUNTRY?
l R	1021 N. Carrollto		NT EVER IN U.S. ARMED	12.1	WAS DECE	21217	10001110		US		
BY	1 Hever Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 YES 2 HO		II yes, spec	elfy Cuban, M	laxican, Pu	RIGIH? (Specify Yearto Ricen, etc.)	or No-	14. RACE	American Indian, hita, atc.
ETED	15. DECEDENT'S El (Specify only highest gra	DUCATIOH ide completed)	16a. DECEDENT	work done of	CCUPATION	of warking		18b. KIHD OF BU	SIHESS/IHD	USTRY	Drack
1 4	Elamentary/Secondary (0-12) 9th	College (1-4 or 5	life Do NOT	use retired.)		o. Working					
е ш	17. FATHER'S NAME (First, Middle, Last) Duke Greene					18. MOTHER Edit	's NAME (F	irst, Middle, Melden PNE	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) Pauline D. Squirrel 1021 N. Carrollton Avenue Raltimore Md 21217										
1	Pauline D. Squirrel		1021	V. Carr	rollto	n Ave	nue	Baltimore	, Md 2	1217	
2	20e METHOD OF DISPOSITIOH 1 N Burlal 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE AHD DATE	of Dispos	ITION (Nam	e of				City or Town,	
	1 of Burial 2 Cramation 3 Ramoval from Stata Competery, crematory or other places. 1 of Burial 2 Cramation 3 Ramoval from Stata Competery, crematory or other places. 1 of Burial 2 Cramation 3 Ramoval from Stata Competery, crematory or other places. 1 2391 Randallstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND Appress OF FACILITY March 1 West										
	Sala	Mar	ch	430	00 Wa	bash A	venue				
SERTIFICATION	23. PART I. Enter the disease, pahock, or heart fellum immediate and immediate and immediate and immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. Liet only one ce	COYMA (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (Approximate intervel Batwean Onaet and Death
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AH AUTOPSY PERFORMED? 1 YES 2 HO 24b. WERE AUTOPSY FINE COMPLETION DE CAU DE DEATH? 1 YES 2 NO									MLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
ZIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLA(CE OF DEATH	1 (Check on	y one)			
YSICI	1 YES 2 HO	HOSPITAL:	ER/Outpetlant 3 DOA	OTHER 4 Hurs	t:	1					
ВУ РН	27. MAHHER OF DEATH 1 Hetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW IHJURY OCCURED									
	3 Suicida 6 Could not be 4 Homicide datarmined	28s. PLACE C building,	OF INJURY — At home, term, etc. (Specify)	street, facto	ory, offica		28t.	OCATION (Street a City or Town, State)	nd Number o	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY One) 2 MEDICAL EXAMIN	SICIAH: To the best of a	my knowledge, death occur xamination and/or investigati	red at the tir	me, data ar	nd place, and	dua to the	cause(a) and man	ner as state	d. cause(a) and	d manner as stated.
Ш	29b. SIGHATURE AND TITLE OF CERTIFI				2	9c. LICEHSE			29d. DATE	SIGHED (Mo	nth, Day, Year)
TO B		amel				D 30	0641		>	12/3	191
1	30. HAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITEM 27) (Typ	e, Print)						_	-

821 N. Evtaw Street

Sabapaiki MD

32. REGISTRAR'S SIGNATURE

991 Junia Davidson-Rendesse

DHMH-16 Rev 1/89

Ballenore MD21201

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DIVISION	OR.	H	nou	4
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	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR; After	be filed within 72 hours after deat	CARROTTE AL IA OA L.
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1		100	1	
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	62.90	pa ¹		
	13.40	pa' l'		
	1			

SEX A AGE (Pyr. IMA DOWNLY) 19 - 76 - 2240 10 - 76 - 2240 1		1. DECEDENT'S NAME (First, Middle, Las									ATE OF DEATH	AY	YEAR	3. TIME OF DEA
STORY THANK OF A CONTROL OF BURNESS OF PARTIES AND MARKET TO THE PART OF THE P		4 SOCIAL SECURITY AND PER	The second second			7	-			11	2.2		991	11:30
The ACCUST MANE of a numbers, you asserted annexes annexes and annexes annexes and annexes annexes and annexes annexes annexes and annexes annexes annexes annexes and annexes				The second second				1		7. D.	ATE OF BIRTN Worth, Day, Year)		Counti	ry)
TO STATE CHAPTER IS SAY THE LOUISE BRILLS WILLS BRILL WILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS WILLS BRILLS WILLS BRILLS WILLS BRILLS WILLS WILLS WILLS BRILLS WILLS				34	YAS.						N.8,19	_		
TOTAL STATUS AND NUMBER 10.013 WASHINGTON BLVD. 10. MARTHAL STATUS 11. MARTHAL STATUS 12. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER YER IN N. E. ANNED 11. MARTHAL STATUS 13. WAS DECEMBER. PAPER REAL ANNED 11. MARTHAL STATUS 13. WAS DECEMBER. PAPER REAL ANNED 11. MARTHAL STATUS 13. WAS DECEMBER. PAPER REAL ANNED 13. WAS DECEMBER. PAPER REAL AND DECEMBER. PAPER REAL AN	H.			1						EATN				
TOTAL STATUS 10. ASHINGTON BLVD. 10. S.A. 10. MARINGTON BLVD. 10. MALE CODE 10. S.A. 10. MARINGTON BLVD. 10. MALE CODE 10. MALE CODE 10. S.A. 10. MARINGTON BLVD. 10. MALE CODE	CT	RESIDENCE OF DECEDENT												
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DUPOUT TO THE THE CALLET CONTRIBUTION AND SOCIOUS SECRETIFIES THE Gleases, or complications that causes the death. Do not anter the mode of dying, such as cardiac or respiratory errest, if any, sading to immediate dwarfs resulting in death) LAST NECOTE TO GRAS A CONSCOURNE CO): 10 Millowed Will Diversify Biochemical Science and Number of Parts Biochemical Scienc	ERA	10.1.2.1 MA CHITNICHON DI VID												
DEFOUND TO THE PROPERTY BUSINESS IN NO SOCIONAL SOCIETION SECRETARISES IN THE PROPERTY SECRETARISES IN NO SOCIONAL SECRETARISES IN SOCIONAL SECRETARISES IN SOCIONAL SECRE	NO:					13. W	VAS DEC	ENDENT C	OF NISPAN	NIC OR	IIGIN? (Specify Yes	n or No-	14. RACE	- American Indi
Secundary Secundary (0-12) Secundary (0-12) College (1-4 or 5 +)	3Y F				NO						rto Rican, etc.)			
Construction Cons			DUCATION	140 D	ECEDENIZIO	1101111 00				_			1	MITTE
BRYANT DAVIS JR. 190. MALING ADDRESS (Street and Number or Parall Route Number, Cay or Rum, State, 20 code) BRYANT DAVIS JR. 100. MALING ADDRESS (Street and Number or Parall Route Number, Cay or Rum, State, 20 code) BRYANT DAVIS JR. 100. METHODOG proposition 100. METHODOG	ETE	(Specify only highest gra	ide completed)	(0	Give kind of	work done di	uring mo	st of working	ng		16b, KIND OF BU	SINESS/IN	IDUSTRY	
BRYANT DAVIS JR. 199. MAINING ADDRESS (Street and Number or Parall Route Number, Cay or Rum, State, 20 code) BRYANT DAVIS JR. 1429 N. 637d. ST. NAMPA, IDAHO 83687 100 METHOROGO piscostrion 10 Burst 31 Cranellon 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. AME AND ADDRESS OF FACILITY 4905 YORK ROAD 21 HENRY W. JENKINS AND SONS, BALT 13. SIGNATURE CAUSE (Final Service LICENSEE) 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest. 14. HENRY W. JENKINS AND SONS, BALT 15. WES 2 TO RESPINATION 16. OR AS A CONSEQUENCE OF): 25. WAS CAUSE REFERRED TO MEDICAL 16. OR AS A CONSEQUENCE OF): 26. PLACE OF DEATN (Check only one) 17. YES 2 18. NO CAUSE REFERRED TO MEDICAL 19. PART II. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 10. Other alignificant conditione contributing to deeth but not recuit	PL		College (1-4 of 5	*'	RC	OFER	2				CONST	RUC	TTON	
BRYANT DAVIS JR. 198. MAILING ADDRESS (Street and Number or Paral Footh Number, Cay or Town, Stem, 20 Code) BRYANT DAVIS JR. 198. MAILING ADDRESS (Street and Number or Paral Footh Number, Cay or Town, Stem, 20 Code) BRYANT DAVIS JR. 108. MAILING ADDRESS (Street and Number or Paral Footh Number, Cay or Town, Stem, 20 Code) BRYANT DAVIS JR. 108. MAILING ADDRESS (Street and Number or Paral Footh Number, Cay or Town, Stem, 20 Code) BRYANT DAVIS JR. 109. METHOD ACCOUNTS JR. 100. METHOD ACCOUNTS JR. 10	SON	17. FATNER'S NAME (First, Middle, Lest) 18. Mr								ME (FI				
Sequentially list conditions or complications and Alcohol Intoxication Due to (or as a consequence or):	ш	BRYANT DAV											V	
DETAINING OF DISPOSITION 200. METANOR OF DISPOSITION Committed 200. PLACE AND DATE OF DISPOSITION Committed 200. PLACE AND DATE OF DISPOSITION Committed 200. PLACE AND DATE OF DISPOSITION Committed 200. PLACE AND DATE OF DISPOSITION Committed 200. PLACE AND DATE OF DISPOSITION COMMITTED 21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21 4 DOTATE CALLSE (Final diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, interved onset 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21 4 HENRY W. JENKINS AND SONS, BALT 23. PLATE I be that the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, interved onset 23. PLATE I be determined 24. PLATE III. Other algoriticant conditions 25. NAS CASE REFERRED TO MEDICAL 26. NAS OASE REFERRED TO MEDICAL 27. NAMEDIATE CALLSE (Final disease or rinky the Initiated evants 28. NAS CASE REFERRED TO MEDICAL 29. PLACE OF DEATH (Chock only onset) 29. NAS CASE REFERRED TO MEDICAL 29. PLACE OF DEATH (Chock only onset) 29. NAS CASE REFERRED TO MEDICAL 29. PLACE OF DEATH (Chock only onset) 29. NAS CASE REFERRED TO MEDICAL 29. PLACE OF DEATH (Chock only onset) 29. NAS CASE REFERRED TO MEDICAL 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock only onset) 29. PLACE OF DEATH (Chock o				19	96. MAILING	ADDRESS	(Street a							
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A Donestion 5 Other (Specify) GREEN MT. CREMATORY 11/26 BALTIMORE, MD.		20e. METNOS OF DISPOSITION 1 Burlel 2 Cermetlon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cermetery, crematory or other place)												
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interved index of the process of the proces						22. N	IAME AN	ID ADDRES	SS OF FAC	CILITY	4905	YORK	K RO	AD 212
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):														
PART II. Other algnificant conditione contributing to deeth but not reculting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25b. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26c. PLACE OF DEATN (Check only one) 27b. MANNER OF DEATN 1 Natural Investigation 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 1 YES 2 NO 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 1 YES 2 NO 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 1 YES 2 NO 28c. DATE OF INJURY 28c. DATE OF I		IMMEDIATE CAUSE (Final disease or condition	a. Narco	tic and	Alco	phol 1	the mod	de of dyl	ing, such	h as c				Approxim Intervel B Onsat end
AMAILABLE PROMPLETION OF DEATIN? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 26. DATE OF INJURY 1 Inpettent 2 Yer/Outpettent 3 DOA 4 Nursing Nome 5 Realdence 6 Other (Specify) 27. MANNER OF DEATIN 28. PLACE OF DEATN (Check only one) 27. MANNER OF DEATN 1 Netural 2 Accident Investigation Accident Investigation Invest	FIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated avants	a. Narco DUE TO DUE TO c.	tic and (OR AS A CONSE	Alco	ohol]	the mod	de of dyl	ing, such	h as c				Approxim Intervel B
EXAMINER? 1 (X) YES 2 NO 1 Inpatient 2 Xer/Outpatient 3 DOA 4 Nursing Nome 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 2 Naccident 3 Suicide 4 Nursing Nome 5 Realdence 6 Other (Specify) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 1 VES	CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. Narco DUE TO b. DUE TO c. DUE TO d.	tic and (OR AS A CONSE	Alcc Alcc EQUENCE O	ohol] F): F):	Into	da of dyl	tion	h as c	cardiac or raapi	iratory ar	rest,	Approxim intervel B Onsat end
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25. CERTIFIER (Check only 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner of the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner of the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner of the cause(s) and the cause(s) and manner of the cause(s) and manner of the cause(s) and manner of the ca	YSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated avants resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause o	a. Narco DUE TO b. DUE TO c. DUE TO d	tic and (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not i	Alco	other:	Into	da of dyl	tion	Part I	24a. WAS AN PERFOR	AUTOPSY	rest,	WERE AUTOPSY FI AMAILABLE PRIOR OF DEATN?
4 Homicide determined Hotel Room 299. CERTIFIER 1 CREATIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner se stated. 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner se stated. 200. CERTIFIER 1 Creek only 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner of the cause(b) and manner of the cause(b) and manner of the cause(b) and manner of the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the cause(c) and the c	PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated avants resulting in death) LAST PART II. Other algnificant conditions are sufficiently in the conditions of the	a. Narco DUE TO b. DUE TO c. DUE TO d	tic and (OR AS A CONSE (OR AS A CONSE deeth but not in the consecution of the consecution	Alco	OTHER: 4 Nural E OF 2	Into	ACE OF DI	tion	Part I	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR OF DEATN?
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2 CMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner of the cause(s) an	ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions and the cause of th	a. Narco DUE TO b. DUE TO c. DUE TO d	COR AS A CONSE (OR AS A CONSE	Alco	OTHER:	26. PL.: ing Noming Wolferty Ing Volume 1 1 Yes	ACE OF DI	tion	Part I	24a. WAS AN PERFOR 1 YES 2 YONE) Other (Specify) DESCRIBE NOW III NKNOWN	AUTOPSY IMED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COF DEATN? 1 YES 2 1
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O CALON COLUMN O.C.M.F. 11 23 1991	LETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated avants resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural Natu	a. Narco DUE TO b. DUE TO c. DUE TO d HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, D. 1 / 22 26e. PLACE O building, HO+	COR AS A CONSE (OR AS A CONSE	Alco EQUENCE OF COURNER OF COURNE	OTHER: 4 Nursh EURY Street, factor	26. PL. : :ng Nome 1	ACE OF DI BY ACE OF DI BY AT RRY? AND PROPERTY AT AD	tion given in i	Part I	y one) 24a. WAS AN PERFOR 1 YES 2 Wher (Specify) DESCRIBE NOW II NKNOWN OCATION (Street a City or Town, State)	AUTOPSY IMED? NO NJURY OC	246.	WERE AUTOPSY FI ANAILABLE PRIOR COMPLETION OF CO OF DEATN? 1 YES 2 1
MARE AND ADDRESS OF PERSON WHO COMPLETED CAPGE OF DEATN (ITEM 27) (Type, Print)	COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated avents resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHY 2 XMEDICAL EXAMIN	a. Narco DUE TO b. DUE TO c. DUE TO d	COR AS A CONSE (OR AS A CONSE	Alco EQUENCE OF COURNER OF COURNE	OTHER: 4 Nursh EURY Street, factor	26. PL. : :ng Nome 1	ACE OF DI ACE OF DI S = 1 Re URY AT RK? and piece, eath occur	EATN (Che aldence of and due of the total	Part I Part I 266. I to the	y one) 24a. WAS AN PERFOR 1 YES 2 Wher (Specify) DESCRIBE NOW II NKNOWN OCATION (Street a City or Town, State)	AUTOPSY IMED? I NO NJURY OC NAME OF THE PROPERTY OF THE PRO	246.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATN? 1 YES 2 1
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111 Penn Street Baltimore Maryland	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditione, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated avants resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident (Check only 1 CERTIFYING PHY 2 XMEDICAL EXAMINER) 290. CERTIFIER (Check only 1 CERTIFYING PHY 2 XMEDICAL EXAMINER)	a. Narco DUE TO b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, D. 11/22 26e. PLACE OF building, HOTE OF SICIAN: To the best of experience	COR AS A CONSE (OR AS A CONSE	Alco	OTHER: OTHER: OTHER: URY P Street, factor of in my opi	26. PL. : :ng Nome 1	ACE OF DI S TRO TRY TES 2 X and plece, beth occur 29c. LICE	EATN (Che aldence of the tree of et the tree of the tree of the tree of the tree of the tree of the tree of the tree of the tree of the tree of the tree of the tree of the tree of tr	Part I Part I 266. I to the	y one) 24a. WAS AN PERFOR 1 YES 2 Wher (Specify) DESCRIBE NOW II NKNOWN OCATION (Street a City or Town, State)	AUTOPSY IMED? I NO NJURY OC NAME OF THE PROPERTY OF THE PRO	246.	WERE AUTOPSY FI ANAILABLE PRIOR COMPLETION OF COF DEATH 1 YES 2 1

THE CONTRACTOR OF THE PARTY OF

	1 - FOR STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND I	MENTAL HYGIENE	32926						
	1. DECEDENT'S NAME (First, Middle, Last) Anna Debou Anna Amelia		REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR OF DEATH A.						
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 6. AGE (In yrs. last birthday) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-22-22	8. BIRTHPLACE (State or Foreign Country) Maryland						
TOR	98. FACILITY NAME (If not institution, give street and number) Harbor Hospital Center RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATION OF DE Baltimore City	EATH 9c. COUR	NTY OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CIT	Y, TOWN OR LOCATION Pack	(Baltimore	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	131 Cedar Hill Road	21225		USA						
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X WO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cubsn, Maxica 1 YES 2 NO Specify	NIC ORIGIN? (Specify Yes or No— n, Puerto Rican, etc.)	14. RACE — American Indian, Black White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade 15. DECEDENT'S (Give kind of life. Do NOT us.) House	USUAL OCCUPATION work done during most of working se retired.) Wife	166. KIND OF BUSINESS/IND	USTRY						
ш	William B. Robey	18. MOTHER'S NAI	ME (First, Middle, Maiden Surname) ia A. Dobb	ins						
TO B	198. INFORMANT'S NAME (Type/Print) Atty. Joseph Laverghetta 606	ADDRESS (Street and Number or Rural F Baltimore Ave.,	Route Number, City or Town, State, Zip TOWSON, Md.	^{Code)} 21204						
	20s, METHOD OF DISPOSITION 1 [X Burlel 2	of DISPOSITION (Name of Tempolecal Cemetery 1	DATE 20c. LOCATION — C	city or Town, State e, Maryland						
	21. Sim ATUNE OF FUNEFILL BERNICE LICENSEE Kevin E. Ecker	22. NAME AND ADDRESS OF FAC MCCully Fune 237 E. Patap	ral Home of Brosco Ave., Balto							
CERTIFICATION	23. PARY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ERTIF	CAUSE (Disease or Injury that Initisted events resulting in death) LAST	F):								
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting	In the undarlying cause givan in	PERFORMED? 1 YES 2 NO 248. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION DE 10 OF DEATH? 1 YES 2							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	26. PLACE OF DEATH (Che OTHER: 4 Nursing Homa 5 Realdence								
Y PHY	1 Matural 5 Pending	1	28d. DESCRIBE HOW INJURY OCC	URED						
TED BY	2 Accident Investigation 3 Suicida 8 Could not be detarmined 28a. PLACE OF INJURY — At home, term, in building, stc. (Specify)									
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
0 1	The basis of all and a state of a	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)								
BE	296. SIGNATURE AND TITLE OF CERTIFIER		18ER 29d. DATE							
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type)	29c. LICENSE NUM	143 11							

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permit. Pages 1, 2, 3 should

Executed with the property of the hospital or attending physician.	E PARTER DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf		is marked, or item 23 shows any injury, or other traumatic event, the martical examinar must be positived at page
arter death.	by the funera	moval.	icai exami
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2 00	DIRECT	hours a	item 2
MUSCIE	FUNERAL	Arthur 72	TANT II
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	1 - STATE REGISTRAR	STATE OF	MARYLA	ND / DEPAR	RTMENT OF	HEALTH	AND I	MENTAL HYGIE		J 5		
	1. DECEDENT'S NAME (First, Middle, Last)		OZITI	IOAIL OI	DEA		2. DATE OF DEATH	DAY		3. TIME OF DEATH	
			Sher:		Dill			MONTH 2	11 28 91 10:30			
	4. SOCIAL SECURITY NUMBER 218-44-5879	5. SEX	6. AGE (In	yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	44 8	Countr	PLACE (State or Foreign y) Ch Dakota	
~	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. COUN		The state of the s	
DIRECTOR	713 Maiden Ch		• • • •	#1206	Ca	tons	vil:	l.e	Ba	lti	more	
DIRE	Maryland 10b. coun	~~~		10c. CIT	Y, TOWN OR LOCA		Ral-	timore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
IAL	10e. STREET AND NUMBER				10	H. ZIP COD		CIMOLE	10g. CITtZ	EN OF V	VHAT COUNTRY?	
FUNERAL	6301 Bellona						21	212		US	A	
BY FU	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE N	MAR OR DAT	2 NO	If yee, s	CENDENT Coocify Cuba	n, Maxica	IIC ORIGIN? (Specify Y n, Puarto Ricen, stc.)	na or No	14. RACE Black Speci	— American Indian, t, Whita, etc.	
	15. DECEDENT'S ED	UCATION 1	966-1	1970	USUAL OCCUPAT						White	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5		(Give kind of life. Do NOT us	work done during m	ost of workin	ng	16b. KIND OF B	USINESS/INDL	ISTRY		
MP	AT 545U5DIA MANE (5)	4		Off:	ice Mar	nage	r	Ce	nsus	Bur	eau	
	17. FATHER'S NAME (First, Middle, Last) Joseph Ir	wing D	i11			18. MOTI	HER'S NA	ME (First, Middle, Maide		• 7		
BE (19a. INFORMANT'S NAME (Type/Print)	ATITE D.	111	19b, MAILING	ADDRESS (Street	and Number	or Rural F	Alma Route Number, City or To	Sher		.n	
5	Alma S. Dill			1 .							e,MD 2122	
	20b. METHOD OF DISPOSITION 1 Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of carmeter). Commetting or other place) 4 Date 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 2											
	21. SIGNATURE OF JUNERAL SERVICES	I 22. NAME A	I 22, NAME AND ADDRESS OF FACILITY									
	George E.	Cren	Cremation Society of Md., Inc. 299 Frederick Rd., Balto., MD 21228									
CERTIFICATION										Intervel Between Onsat and Dasth 5 months		
MEDICAL	PART II. Other eignificent condition	ns contributing to	death but	not resulting I	n the underlyin	g cause g	liven in I		RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	ACE OF DE	EATH (Che	ck only one)				
17S	1 YES 2 NO	1 Inpatiant 2			4 - Nursing Hon		eldenca i	8 Other (Specify)				
BY PI	1 Netural 5 Pending 2 Accident Investigation	1 Metural 5 Pending (Month, Day, Year) INJURY WORK?						28d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not be datermined 286. PLACE OF INJURY — At home, farm, street, fectory, office 286. LOCATION (Street and Nun City or Town, State)								and Number of	r Rural Re	oute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the bests of a	my knowled	ige, daath occurre	d at the time, date	and place,	and due	fo the cause(s) and me	nnar as stated	f. ceuse(a)	end manner ee stated.	
B.	296, SIGNATURE AND TITLE OF CERTIFIE		ef-	2		29c, LICE				SIGNED	(Month, Day, Yeer)	
2	30, NAME AND ADDRESS OF PERSON WITH	Stans	SE OF DEATH	H (ITEM 27) (Type,	A 12	2/16	VA	Modica	of Can	le	16 fld 21218	
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	HOSPITAL

	1. DECEDENT'S NAME (First, Middle, Las		-1.				2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF D	
	Tournice (A. DUSS.					11	30	21	16:55	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last birt	thday) IF UN MONTH	DER 1 YEAR		7. DATE OF (Month, De	BIRTH by March	8, BIRTHE	PLACE (State of	
	214506759	TS DAYS	HOURS MIN.		12/47	Country V1	rginia				
_	9a. FACILITY NAME (If not institution, give	street end number)		, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	WIEWS			B	a/4:	nore, "	113				
ត្ត	TRESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
E	M		10	E GIV, IOW						10d. INSIDE C	
1 1	10e. STREET AND NUMBER	Baltimore		500						1 YES 2	
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FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER				21590			026	1	
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	ES 2 NO		If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 NO Spec	an, Puerto Rice	pecify Yee or No n, atc.)	14. RACE Black, Specify	- American III White, etc.	
ED	15. DECEDENT'S ED	DUCATION	18a, DECEDI	ENT'S USUAL	OCCUPA	TION	16b KIN	D DF BUSINESS/I	NUCLEAR	Mh	
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COMPL	17. FATHER'S NAME (First, Middle, Last)						AME (First Midd)	e, Maiden Sumeme	1		
ш	John Zacot					100000000000000000000000000000000000000	ricia	Phar			
00	19a, INFORMANT'S NAME (Type/Print)		19b, MA	AILING ADDR	ESS (Stree	t and Number or Rural					
2	Fred Dussart					Street		timore M		220	
	20a. METHOD OF DISPOSITION	2	20b. PLACE AND D		-		DATE	20c. LOCATION -			
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	Metro (remat	orv	Inc. 12/	2/91				
	4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY										
	ConnellyFuneralHome 300MAceAve. 2										
	23. PART I. Enter the diseases, or	Fundal	Tom								
_	resulting in death)	OUE TO (OR AS	S A CONSEQUEN	ICE OF):	ken	survey				600	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	S A CONSEQUEN	ICE OF):	ku	Zahra				600	
ERTIF	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	o A GONSEOVEN	ICE OF):	ken	schoz				600	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	SPITAL OR ATTENDING PHYSICIAN
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5	OR
	SPITAL

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 25 9 1 EVERETT 6:20 REGINALD P M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 212-42-6935 1 M 2 | F 48 DAYS HOURS YRS 9-4-1943 Md Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2512 GARRETT AVE. BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2512 Garrett Avenue 21218 USA Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE --- American Indian, Bleck, White, etc. 1 Never Merried 2 Married BY Specify: Black 3 Widowed 4 Divorced the E 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY use (Give kind of work done life. Do NOT use retired.) ш ĮQ. Elementery/Secondary (0-12) College (1-4 or 5+) COMPL detached once. 17. FATHER'S NAME (First, Middle, Last)
Reginald Everett 18. MOTHER'S NAME (First, Middle, Meiden Surname) Evelyn Blankenship 20 at BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2211 Orem Avenue Baltimore, Md 21217 2 Evelyn Tune must be 20a. METHOD OF DISPOSITION
1A Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State "Gärrison" Forest" Veteran Cemetery 12291 Owings Mills, Md 4 Donetlon Other (Specify) examiner 21. SIGNATURE CHE UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY eath. March F/H West has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 4300 Wabash Avenue the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or haart failura. List only one cause on each line. Intarvai Batwean IMMEDIATE CAUSE (Final **Onsat and Death** disease or condition Miterioscipnotic Comoioroscium DISTON event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): or other DUE TO (OR AS A CONSEQUENCE OF) thet initiated evants resulting in daath) LAST in ury, PART II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE Y XES 2 NO DF DEATH? 1 DYES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL OIRECTOR: After this certificate filed within 72 hours after death with the State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 X YES 2 NO 4 Nursing Home 5 X Reeldence 6 Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, farm, streef, tectory, office building, etc. (Specify) ... 261. LOCATION (Street end Number or Rurel Route Number, City or Town, State) ETED. 6 Could not be 4 Homicide 200 determined item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. COMPL TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 215 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) mucho 11/26/91 O.C.M.E. 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1 KORUIII PENN STREET, BALTIMORE, MARYLAND 21201 33. REGISTRAR'S SIGNATURE relia Savidson-Randale DEC 0 3 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



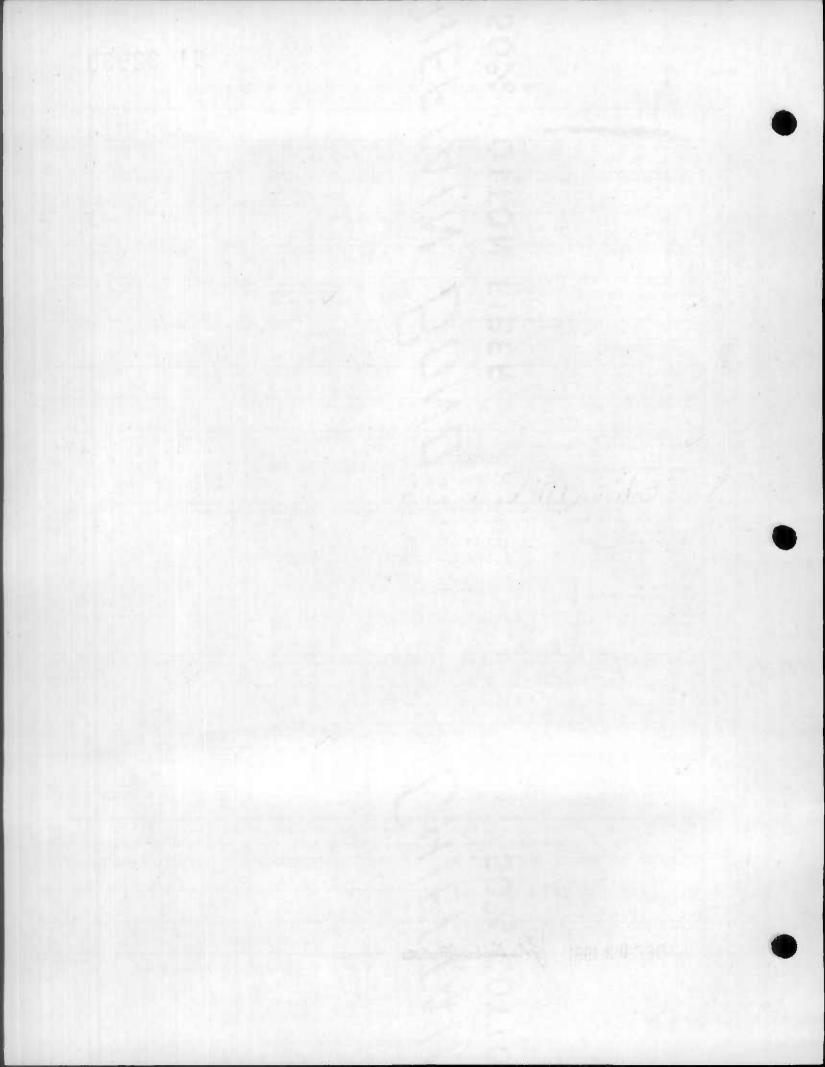
DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 metures after death. Page 6 may be retained by the transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other transmalle event, the medical examiner must be notified at once.

STATE	0F	MARYLAND .	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	H		REG. NO.

REGISTRAR		CERTIF	ICATE O	FDEATH	REG. NO				
1. DECEDENT'S NAME (First, Middle, Las		RIEPE E	VANS		2. DATE OF DEATH MONTH DO NOV . 28	8, 199			
4. SOCIAL SECURITY NUMBER 220-48-3950	5. SEX 6. AGE	(In yrs. last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year) AUG. 6, 19	Cor	TTNPLACE (State or Foreign untry) MD •		
9e. FACILITY NAME (if not institution, give			9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNTY OF	FDEATN		
BROADMEAD 138	OI YORK ROA	AD R-8	С	OCKEYSV	ILLE	BALT	TIMORE		
10a. STATE 10b. COUP	BALTIMORE	10c. CIT	10c. CITY, TOWN OR LOCATION COCKEYSVILI			E 10d. INSIDE LIMITS?			
10a. STREET AND NUMBER			101, ZIP COOE			10g. CITIZEN O	F WNAT COUNTRY?		
13801 YORK RO		1-8	210				S.A.		
11. MARITAL STATUS 1 Never Merried 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	2 NO If yee, specify, Cuben, Maxican, I			BI	ACE — American Indian, ack, White, etc.		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of tilfe. Do NOT us	work done during	TION most of working	16b. KIND OF BU	SINESS/INDUSTRY			
12		HON	MEMAKE			N HOME	2		
17. FATNER'S NAME (First, Middle, Last)	DE CD				AME (First, Middle, Melden	Surname)			
HARRY U. RIE	PE SK.	10h MAILING	ADDRESS /Strai			VORTH ste Number, City or Yown, State, Zip Code)			
JANET EVANS D	UNN				BALTIM				
20s. METHOD OF DISPOSITION Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	b. PLACE OF DISPO	SITION (Name of	cemetery, cremetory or		CATION — City or	Town, State 2120		
21. SIGNATURE OF FUNERAL SERVICE		o \	22. NAME	AND ADDRESS OF FA	4905 Y	ORK RO	AD 21212		
Sequantially list conditions, if any, leading to immadiata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditi	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. W								
- Inter	515	5			RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATN (Check only one)						
EXAMINER? 1 YES 2 NO	HOSPITAL; t ☐ inpetient 2 ☐ ER/Out	tpatient 3 🗆 DOA	OTHER: 4 🗋 Nursing N	ome 5 Reeldence	8 Other (Specify)				
27 MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigatio	28e. DATE OF INJURY (Month, Day, Year)		JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURED	RED		
3 Suicide 8 Could not b	28e. PLACE OF INJUR building, atc. (Spo	Y — At home, farm, ecify)			281. LOCATION (Street City or Town, State,	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ana)	YSICIAN: To the best of my known NER: On the basis of exemination						se(a) and manner ea stated.		
29b. SIGNATURE AND TITLE OF CERTIF	led MD			29c. LICENSE NU	MBER	29d. DATE 1993	HED (Minuth, Day, Year)		
30. NAMBAND ADDRESS OF PERSON	0 MO /	3 801 4		ed coc	KETSUIL	CE M.	d 21030		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE							



BALTIMORE, MARYLAND 21215-0020

	THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaching		IN PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1	۲	# filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.)

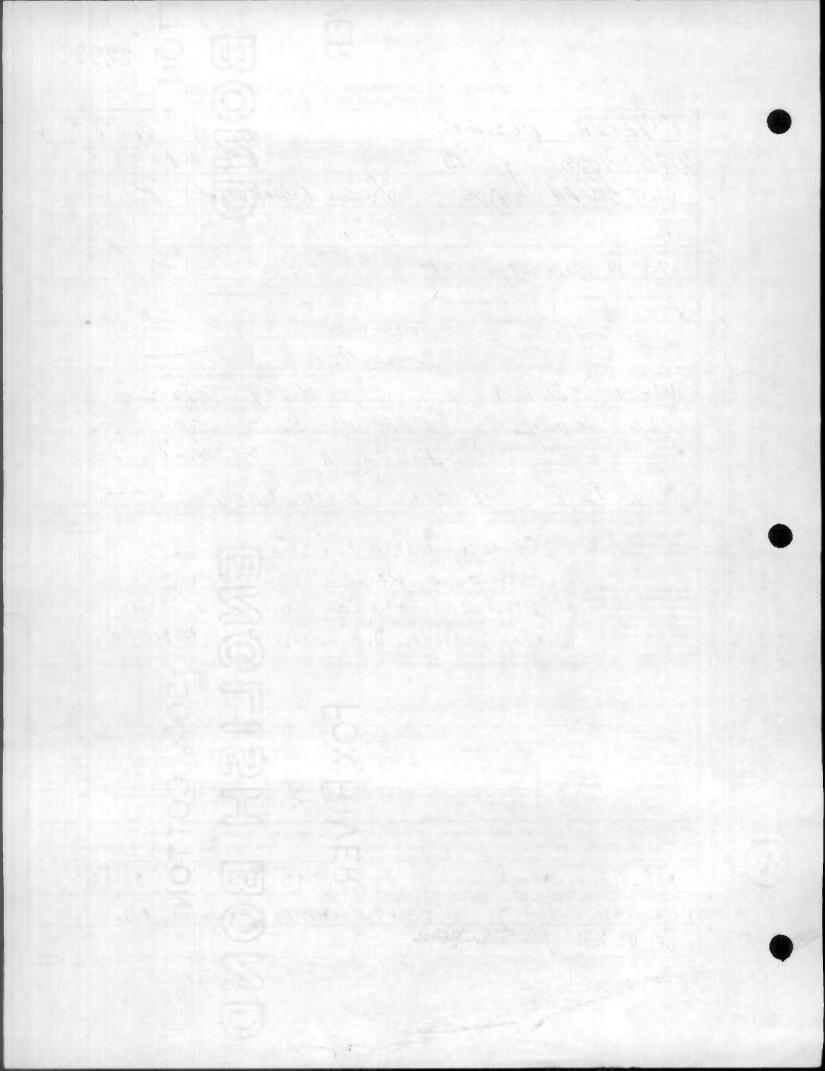
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH
	1. DECEDENT'S NAME (First, Middle, Lest) Paley Girl Elswick 2. Date of Death MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 16 7 P
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 YE MONTHS DAYS HOURS MIN. (Month, Day, Year)
er.	98. FACILITY NAME (If not institution, give speet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BURNIE 10d. INSIDE CITY LIMITS? 1 Tyes 2 No
FUNERAL	100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY? 21061-2760 11.5. A
В	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yaa or No- lif yea, specify Cuban, Maxican, Puarto Rican, afc.) 14. RACE — American Indian, Black, White, atc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yaa or No- lif yea, specify Cuban, Maxican, Puarto Rican, afc.) 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yaa or No- lif yea, specify Cuban, Maxican, Puarto Rican, afc.) 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yaa or No- lif yea, specify Cuban, Maxican, Puarto Rican, afc.) 18. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yaa or No- lif yea, specify Cuban, Maxican, Puarto Rican, afc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)
BE CO	17. FATHER'S NAME (First, Middle, Leet) GLEN 18. MOTHER'S NAME (First, Middle, Meiden Surname) JERGET DIANE ELSWICK
10	190. INFORMANT'S NAME (Type/Print) MOE THINT, M.D. ST. AGNES HOCK, 900 CATON AVE BALT, M.D.
	20s. METHOD OF DISPOSITION 1 Quriet 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelary, cremelary, or other place) GLENHAVEN MEMORIAL PLACE (125/91
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCULLY FUNERAL HOME OF PASADENA 3204 MOUNTAIN RD: PASADENA, MD 21177
CERTIFICATION	23. PART I. Enter the disease, Dr complications that ceused the death. DD not enter the mode of dying, such as cerdiec or respiratory errect, shock, or heert feiture. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset end Deeth Approximate interval Between On
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. PERFORMED? 1 YES 2 NO 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Unpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?
TED BY	2 Accident Investigation 3 Suicida 8 Could not be datarmined determined City or Town, State) 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
TO BE CO	296. SIGNATURE AND THE GOO'CERTIFIER PLI RESTRENT) 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11. 20. 91
	MOE MOE THINT MOST. AGNES HOSP.
	31. DATE FILED (MONTE) 1991 32 HEGETHAN'S SIGNATURE Pandale

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	1. DECEDENT'S NAME (FIRST, MICHIGO, LISS) 2. DATE OF GEATH MONTH, DAY XEAR 3. TIME OF DEA MONTH, DAY XEAR 3. TIME OF DEA									
	4. SOCIAL SECURITY NUMBER 217.52.7058		yes, lest birthdey) YRS.	IF UNDER 1 YEAR		7. OATE OF BIRTH (Month, Ogy, Year)		BIRTHPLACE (Sum or For		
TOR	90. FACTLITY NAME (I not institution, give street and number) 90. FACTLITY NAME (I not institution, give street and number) 90. FACTLITY NAME (I not institution, give street and number) 90. FACTLITY NAME (II not institution, give street and number) 90. FACTLITY NAME (II not institution, give street and number) 90. FACTLITY NAME (II not institution, give street and number)									
DIRECTOR	100. STATE 10b. COUNTY	Y	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
FUNERAL	1735 Al. WAS	hinaton	ST		101. ZIP CODE	2	10g. CITIZEN	OF WHAT COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes,	PECENDENT OF HISPA specify Cuben, Mexic (ES 2 100 Speci		00 or No 14.	RACE — American India Black, White, atc. Specify:		
COMPLETED	15. OECEOENT'S EDU (Specify only MiShast grade Elementery/Secundary (U-12)	CATION completed) College (1-4 or 5+)	lite. Do NOT u	work done durina	ATION most of working	16b. KIND OF BU	USINESS/INDUST	TRY/		
BE CO	17. FATHER'S NAME (First, Middle, Last)	elTon			MA		emps.	en		
TO	190. INFORMANT'S NAME (Type/Print) Pholic Cyplem 200. METHOO OF DISPOSITION	A1 20b	173	SN. U	1Asbin	Route Number, City or To	8417	or Town, State		
	1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE Life	oval from State	emetary teremator	or other place)	Ch.	12/2 10	POCHUA	rds.c		
	· Betts Funeral Home 1129N. CARoline St									
NO	23. PART 1. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) Sequentially list conditions,	a. Due to (or as a	consequence of	eart	faile	ilure	priatory direct	, Approxims Interval Be Onset and		
ERTIFICATIO	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): A MCO-Sulvo fic Cardiovarcular disease or injury that Initiated events resulting in deeth) LAST d. MCO-Sulvo fic Cardiovarcular disease Due To (OR AS A CONSEQUENCE OF): A MCO-Sulvo fic Cardiovarcular disease Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): A MCO-Sulvo fic Cardiovarcular disease Due To (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other eignificant condition	ne contributing to death b	ut not resulting	in the underl	ying couse given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FII AVAILABLE PRIDR COMPLETION OF C DF DEATH? 1 YES 2 N		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: t Inputient 2 ER/Outp	etlent 3 DOA	OTHER:	. PLACE OF OEATH (C					
зу РНУ	2?. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, o	office	28f. LOCATION (Stree City or Town, State	t end Number or (e)	Rural Route Number,		
ш		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated.								
ETE	(Check only							ause(s) end menner ae s		
ш	(Check only	ER: On the besie of examination	n end/or investigati	on, in my opinio		e time, date and placa,	and due to the c	GNEO (Manth, Day, Year)		



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TO	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
examiner must be notifie	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi-	
al.	Headth and Mental Hygiene prior to burial, cremation, or removal.	15
he funeral director, page 5 short	TID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shot	1
r death. Page 6 may be retained	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	
BALTIMORE, MAI	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	FORD	RESA E.	FORD		2. DATE OF DEATN	DAY	YEAR 3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER 213-30-8608	5. SEX 6. AGE	0.0	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN:	DEC. 5, 19	07	8. BIRTNPLACE (State or Foreign MARYLAND		
TOR	9a. FACILITY NAME (If not institution, give street and number) WASHINGTON ADVENTIST HOSPITAL BESIDENCE OF DECEMENT 9b. CITY, TOWN DR LOCATION OF DEATH 7c. COUNTY OF DEATH PRINCE GEORGE									
DIRECTOR	MD. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION GLEN BURNIE									
FUNERAL	905 PRINCETON T	ERRACE		101	21060			EN OF WHAT COUNTRY? J.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF NISPA ecifty Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify Y an, Puarto Rican, atc.) ty:	es or No—	14. RACE — American Indian, Bleck, White, atc.		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elegnentery/Secondary (0-12) 3°C GRADE	CATION completed) College (1-4 or 5 +)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use HOME MA	rk done during mo retired.)	ON st of working	16b. KIND OF B	USINESS/INDU	STRY		
COMPL	17. FATNER'S NAME (First, Middle, Last)				IA MOTHER'S N	AME (First, Middle, Maide				
BE	WILLIAM COY 19a. INFORMANT'S NAME (Type/Print)	NE	19h MAII ING A	DDBESS (Street a		ABETH GRO	SKOPH			
10	GEORGE FORD			CHEVERI.		GLEN BURN	IE, MD	21060		
	20s. METNOD OF DISPOSITION **METNOD OF DISPOS	cen	PLACE AND DATE OF	DISPOSITION (Na				Ity or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Standay** M. Locures** **MCCULLY FUNERAL HOME** 22. NAME AND ADDRESS OF FACILITY 237 E. PATAPSCO AVE. **BALTO. MD. 212: 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate									
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS A DUE TO (OR AS A	ecn line.	RE	de of dying, aud	ch aa cardlec Dr ree	piratory erre	Approximate interval Between Onset end Deatl		
MEDICAL	PART II. Other eignificent condition BILBTERAL C	e contributing to death b	out not resulting in	the underlying	ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATN	HOSPITAL: Minpetlant 2 ER/Outp	28b. TIME D	OTHER: Nursing Nome PE 28c, INJU	JRY AT	a Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	RED		
ETED BY F	1 Natural 5 Pending 2 Accident Investigation 3 Suicide a Could not be datarmined	(Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, atre	M 1 7	ES 2 ND	28f. LOCATION (Street City or Town, State	and Number or			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH	CIAN: To the best of my knowl	ledge, death occurred in and/or investigation,	nt the time, data	and place, and due	to the cause(s) and me time, data and place, a	inner as stated	cause(s) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER		Polar	Vina	29c. LICENSE NUI			SIGNED (Month, Day, Year)		
10/B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (1) page (1)	ino /	D31+7	2	2 66	30 91		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: THE IBW REQUIRES THAT THE USE THAT THE HOSPITAL DR ATTENDING PHYSICIAL DR	5	9	7
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once.

						91) 4)		
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND	MENTAL HYG				
11000	1. DECEDENT'S NAME (First, Middle, Last) JOAN 4. SOCIAL SECURITY NUMBER	Gainey 6. SEX 6. Ade (In yrs. las		NER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEA' MONTH 7. DATE OF BIRT (Month, Qay, Ye	28 194 H	3. TIME OF DEATH BIRTHPLACE (State or Foreign Country)		
POR	90. EACHLITY NAME (I) not institution, give stre	or and number) + 63 OArilan Hos	YRS. MONTH	TY, TOWN OR LOCATION OF	1-31	28 Bc. COUNTY	OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER	sep Pd.		101. ZIP CODE	9	10g. CITIZEN	OF WHAT COUNTRY?		
BY		12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2		3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	cen, Puerto Rican, st		RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	ompleted) (G	Do NOT use retined	ne during most of working	166. KIND 0	F BUSINESS/INDUS	1 /y		
BE CON	17. FATHER'S NAME (First, Middle, Loss)	ingy Sk	е.	18. MOTHER'S I	NAME (First, Middle, N	1	ey		
TO E	190. INFORMANT'S NAME (Type/Print) Arlee	6 GAINEY 1	19015	SS (Street end Number or Run WANSCAK	d. BA	110,41	nd. 21239		
	206. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of dimension) of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of dimension of different differ								
	Loseph	J. Reiss		2232W	North	Ave. E	34/10/nd/2/2/		
	23. PART I. Entar the diseases, or complications that caused the desth. Do not entar the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								
	disease or condition resulting in death)	DUE TO (OR AS A CONSE					(humadrat		
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):				2 years		
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):						
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions		resulting in the	undariying cause givan	P	AS AN AUTOPSY ERFORMED? YES 2 100	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH	'Check only one)				
HYSI	1 🛮 YES 2 🗀 NO 27. MANNER OF DEATH	1 Inpetiant 2 ER/Outpetient 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 Resident 28c. INJURY AT WORK?		y) HOW INJURY OCCUP	RED		
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI h building, atc. (Specify)	M	T T TES 2 NO	281. LOCATION (City or Town,	Street end Number or State)	Rural Route Number,		
COMPLETED	one)	HAN: To the best of my knowledge, d							
BE	296. SHOMATURE AND TITLE OF CENTIFIER	2		29c. LICENSE I			IGNED (Month, Day, Year)		
5	30. WHE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)						

30. THE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Touson md. 212 04

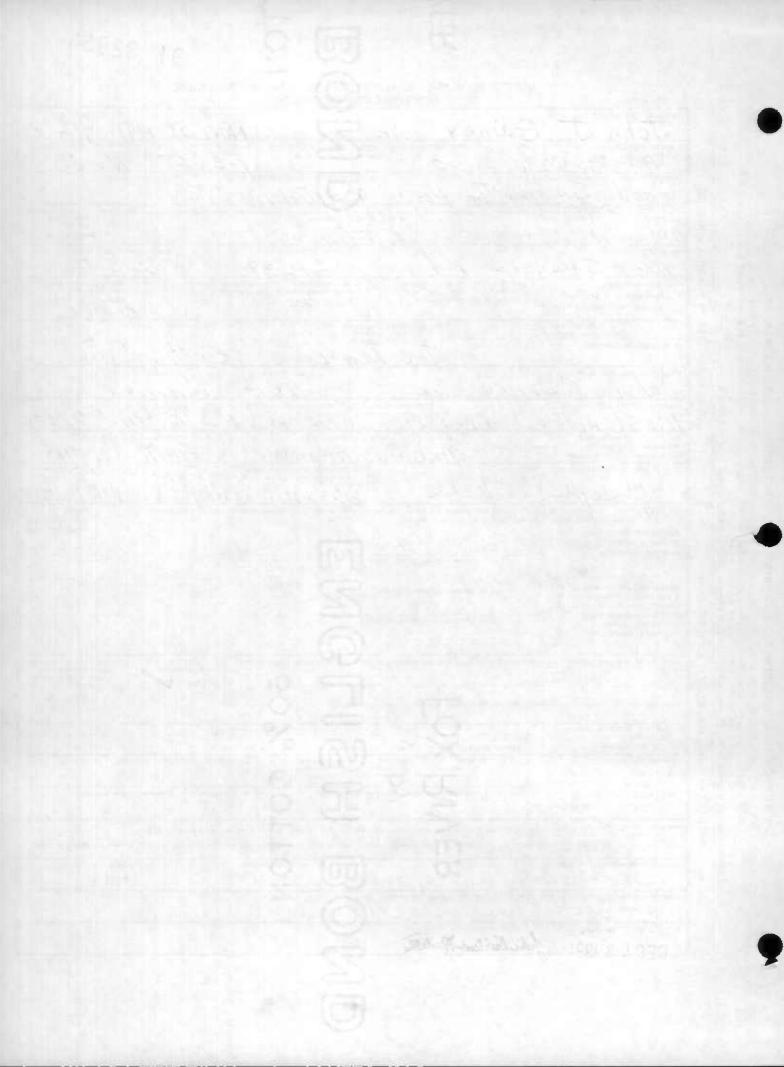
32. REGISTRAR'S SIGNATURE his Davidson-Rondoll

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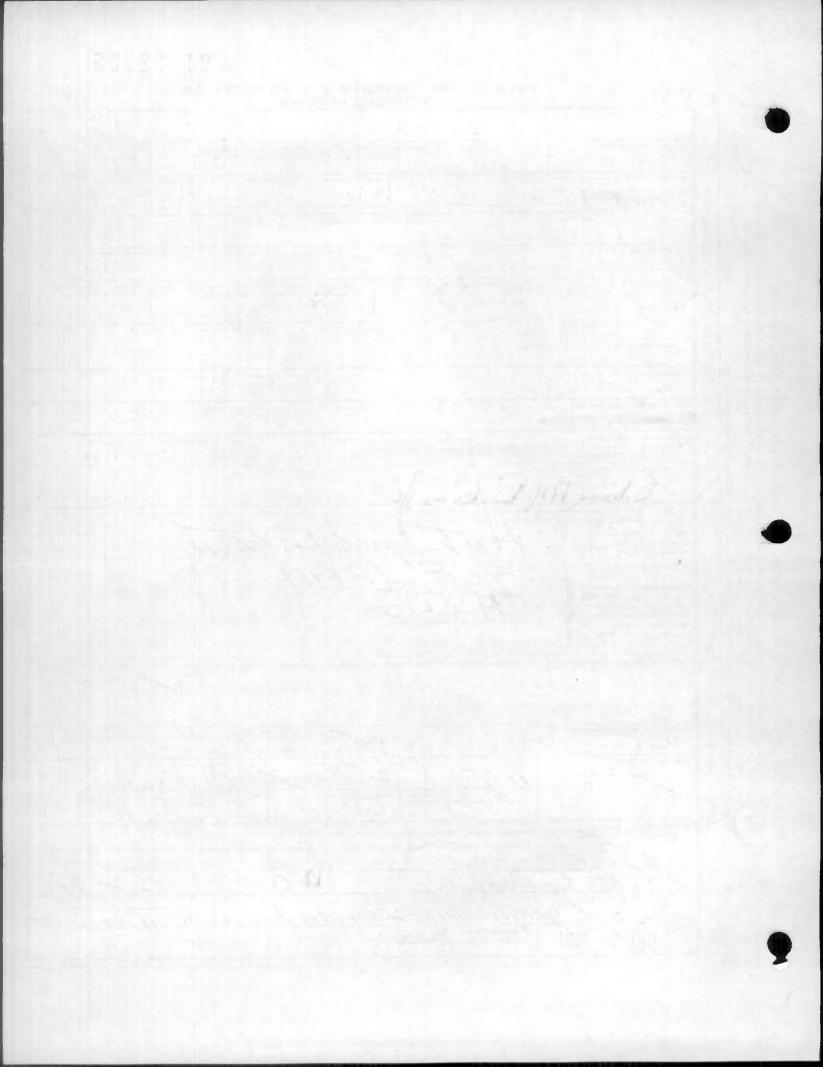
irs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPIAL OF THE DING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNK VA.

TO THE FUNK VA.

TO After this certificate has been signed by the attending physician and completely be filed within a comparable begin of Health and Mental Hygiene prior to burial, cremal IMPORTANT. If the comparable of them 23 shows any Injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest) MAR	GARET E. G	ARDINER			2. DATE OF DEATH DA	, 1991	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-22-4531	1 🗆 M 2 🏋 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH DEC. 8, 19	8. BIRTI	HPLACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give s STELLA MARIS RESIDENCE OF DECEDENT		96	TOWS	ON	9c. COUNTY OF DEATH BALTIMORE			
DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOW			ON			10d. INSIDE CITY LIMITS? 1 YES 24 NO	
FUNERAL	100. STREET AND NUMBER 2300 DULANEY V	VALLEY ROAD			ZIP CODE 212	204	10g. CITIZEN OF		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yee, sp	ENDENT OF HISPAN city Cuben, Mexicer 2 NO Specify	IC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	Blac	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grede Elementery/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life Do NOT use re HOMEMAK	done during mostired.)	N st of working	16b. KIND OF BUS			
BE CO	17. FATHER'S NAME (First, Middle, Last) J. CECIL				16. MOTHER'S NAM MARGAE	RET STONE	Surname)		
TO	JANE F. HIPSI	ΈΥ	19b, MAILING ADI	DRESS (Street a	ANE C	oute Number, City or Town	LE, MD.	21093	
	20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ovel from State Ceme	PLACE AND DATE OF D 1967, COMMON OF OFFI W CATHEL	PAL C	EM. 12/	/5/91 BAI	ORK RO	,MD. 21229	
CERTIFICATION	23. PART I. Enter the diseases or chock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	House	consequence or:	enter the model of Addicates	-	ee cerdiec or reepir		Approximate Intervel Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significent condition	e contributing to deeth bu	t not resulting in th	ne underlying	cause given in F	Part I. 24e. WAS AN A PERFORM	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output	flant 3 🗆 DOA 🤼	HER:	S Reeldence				
B₹	27. MANNER OF DEATH 1 Natur 5 Pending Investigation Suicide 6 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specific	28b. TIME OF INJURY	M 1 Y	PRY AT PK?	28d. DESCRIBE HOW IN 28d. LOCATION (Street er City or Town, State)	1 Beds	room) Toute Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC cone) CHECK only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled.	dga, death occurred st	the time, date my opinion, de	and place, end due t	o the ceuse(a) and menrime, date end plece, end	ner ee stated. due to the cause(a) end menner ee stated.	
TO BE C	MONATURE OF CERTIFIER	Dunce	(1)	→	D-O9	BER 1383	29d. DATE SIGNED	(Month, Day, Year)	
	31. DATE FILED (Month, Day, Year)	32 REGISTEAR'S SIGNAL	10 - 2-3	04-V	landos	View Pd	- 110	Zierzi Con con M	
	DEC 03 1991	gulia Davidson	-Mandell						



46	physician.	
BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician	
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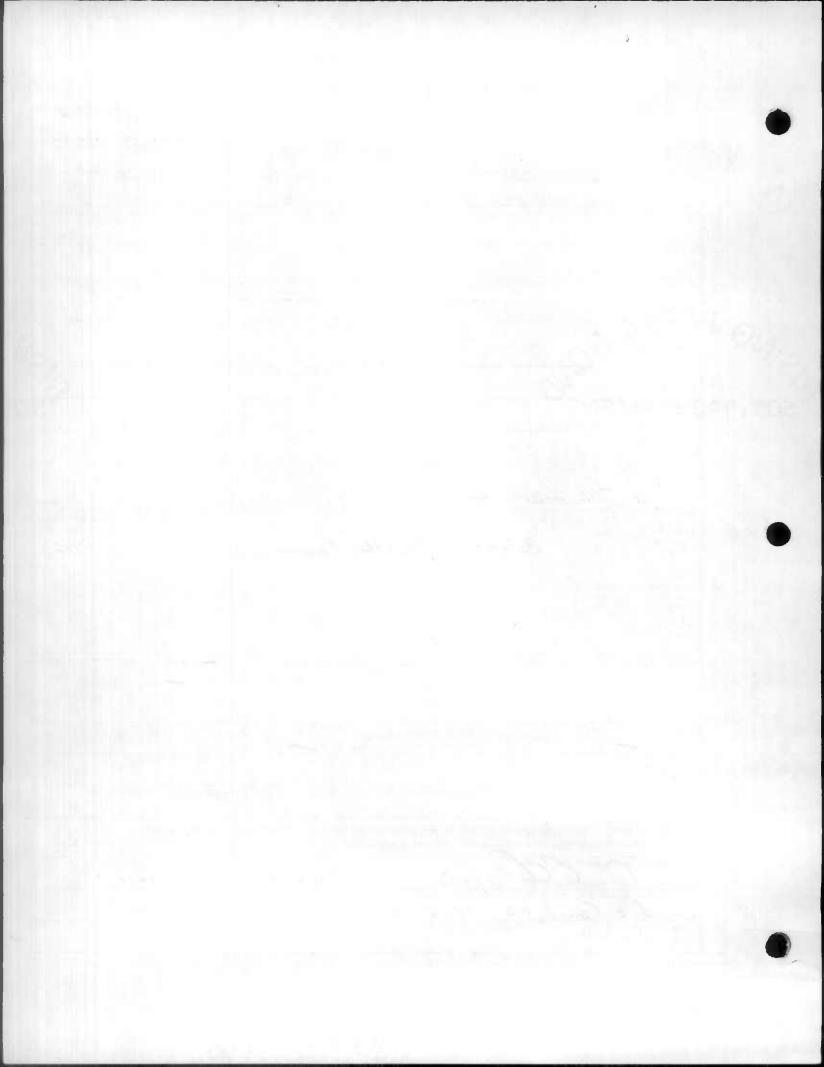
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Acris after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Harold Sh	erwoo	d Gillogl	У							cembe		1991	12:23 p
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In y	yrs. lest birthday)	IF UNDER 1			24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
290-12-8728	3	1 M 2 F	68	YRS.	MONTHS	DAYS	HOURE	MIN.		24,	1923	Ohi	
9e. FACILITY NAME (If not in:		9b. CITY, 1	TOWN OF	R LOCATI	ON OF DE				UNTY OF E				
	10509 Brighton Road Ocean City								Wo	rces	ter		
RESIDENCE OF DECEDENT													10d. INSIDE CITY
Va										LIMITS?			
Va Alexandria 10s. STREET AND NUMBER 10s. STREET AND NUMBER									10a, Cl	TIZEN OF	WHAT COUNTRY?		
1014 Vail S	t.					2	2304	1				USA	
11. MARITAL STATUS		12. WAS DECEDER			13. W				NIC ORIGIN	I? (Specify Y		14. RAC	E — American Indian,
1 Never Merried 2 3 Uldowed 4 Divo		IF YES, GIVE	AAR OR DATE	2 NO		yes, spe				Ricen, etc.)			White White
15. DEC	EDENT'S EDI	UCATION fo completed)	10	8e. DECEDENT'S (Give kind of	USUAL OCC	CUPATIO	N of work	na	186	KIND OF 8	USINESS/IP	IDUSTRY	
Elementery/Secondery (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)	uning mos	t or work	ny					
12		5		Officer-	U.S.	Air	r Fo	rce	l	J.S. 1	Milita	ry	
17. FATHER'S NAME (First, M.							18. MOT	HER'S NA	ME (First,	Middle, Maide	n Surname)		
William E.		ly							Nels				
190. INFORMANT'S NAME (7)	,			19b, MAILING									
Edith J. Gi		,	Local	1014					xanc				
20e. METHOD OF DISPOSITI	on 3 🗆 Ren	moval from State	0	LACE OF DISPO							OCATION -		
4 Donotion 5 Other (Specify) Arlington National Cemetery Arlington, Va 21. SIGNATURE OF FUNDER LICENSEE 22. NAME AND ADDRESS OF FACILITY													
»/ //. !-	Sil.	Bucha	10_		Bu	ırba	ge		eral	Home	, 108	Will	iams Stree
23. PART 1. Enter the	Issasss/or	complications th	t caused t	hs desth. Do	not sntsr t	ths mod	ds of dy	ing, suc	h aa can	diac or rea	piratory s	rrest,	Approximata
shock, of hi		. List only one ca	ues on esc	h line.									Onsst and Da
									144rs				
disease or condition resulting in desth) s. Metastatic Prostate Communication 4475 DUE TO (OR AS A CONSEQUENCE OF):													
C		b											
Sequentially list conditions, If any, leading to immediate													
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if sny, isading to imms	iry		OR AS A C	ONSEQUENCE (OF):								
if sny, isading to imms cause. Entar UNDERLY CAUSE (Disesse or inju- that initiated svents		DOE 10											
if sny, isading to imms cause. Entar UNDERLY CAUSE (Disesse or inju		d											
if sny, isading to imms cause. Entar UNDERLY CAUSE (Disesse or inju- that initiated svents	T L	d	o desth but	not resulting	In the unc	derlying	csuss	given in	Part I.		N AUTOPS	Y 24	
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if any, leading to immes cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ent condition	d	D desth but	not resulting	In the unc				Part I.	PERF 1 (YES	ORMED?		COMPLETION OF CAUSE OF DEATH?
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		CERTIFICA	TE O	F DEAT	ГН		REG. NO.	
(apt)						2 DATE O	E DEATN	

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last) Theodore	J.		12/9/		2. DATE OF DEATH DAY	YEAT 9/	3. TIME OF DEATH 730 AM	
	4. SOCIAL SECURITY NUMBER 220-05-5500	1 M 2 🗆 F	(In yrs. lest birthday) MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. NOURS MIN. R LOCATION OF DE		4 00	RTNPLACE (State or Foreign unitry)	
TOR		Stella Maris Hospice				ATN	Balt	imore	
DIRECTOR	10s. STATE 10b. COUNT	10b. COUNTY			ON		10d. INSIDE CITY LIMITS? 1 口 YES 2平 NO		
16.	10e. STREET AND NUMBER		, 10	WSON 10f.	ZIP COOE			F WHAT COUNTRY?	
BY FUNERAL	8426 Charles Volume 11. MARITAL STATUS 1 Never Married 2 Married 2 Midowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES	3√23NO	If yea, spe	21204 ENDENT OF HISPAT Colly Cuban, Maxica 2 NO Specifi	IIC ORIGIN? (Specify Yas n, Puarto Rican, atc.)	В	ACE — American Indian, lack, White, etc. pecify:	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo-	N It of working	16b. KIND OF BUS	NESS/INDUSTR	y White	
MPL		10	Physi	cian			dical		
	17. FATNER'S NAME (First, Middle, Lest) Mariano Gra	aziano				ME (First, Middle, Malden S erine Chi	rmonte		
TO BE	198. INFORMANT'S NAME (Type/Prim) Lanetta M. Gra		19b. MAILING A	OORESS (Street a		Route Number, City or Town)	
	206. PLACE AND DATE OF DISPOSITION (Name of cemeral place) 12 Greation 3 Removal from State of cemeral property of cemeral place) 12 Donation 1 Donation								
CERTIFICATION	Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):						
AL	PART II. Other significent condition	ne contributing to deeth	but not resulting in	tha underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JAMO	
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATN (C	heck only one)			
PHYSICIAN: MEDIO	1 TYES 2 THO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	rtpatient 3 DOA 4	OF 28c. IN.		6 X Other (Specify) 26d. DESCRIBE NOW II	HOSPICE		
B≺	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	26s, PLACE OF INJUI	RY — At home, farm, str	M 1 TYES 2 NO			Street and Number or Rural Route Number, State)		
COMPLETED	and —	SICIAN: To the best of my know						use(a) and manner as stated.	
TO BE C		" Celey au			29c. LICENSE NU D 270			NED (Morith, Day, Year) $30-91$	
	30. NAME AND ADDRESS OF PERSON W Carla S. Alexan	nder, M.DSt	ella Mari		ce-Dular	ey Valley	RdTov	vson 21204	
	31. DATE FILED (Month, Day, Year)	2 1991 9	GNATURE Hulia Davidson	-Randell					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F		/ DEPARTMENT				MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG NO

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Helena C Hull	L			2. DATE OF DEATH MONTH NOVEMber		3. TIME OF DEATH 1:32 a M		
2	4. SOCIAL SECURITY NUMBER 20 - 20 - 300 9 FACILITY NAME (If not Institution, five: Maryland General		YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. Bif	ATHPLACE (State or Foreign untry)		
DIRECTOR	HESIDENCE OF DECEDENT			ore City					
	106. COUNT	Y	BAINTY, TOWN OR LOC	OT. ZIP CODE		10g. CITIZEN O	10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTBY?		
FUNERAL	3203 Mor	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 PH		2/2/ CENDENT OF HISPAN specify Cubsn, Mexice	IIC ORIGIN? (Specify Yes	U. 14. R/	ACE — American Indian, lock, White, etc.		
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		S 2 NO Specify		100	PACK		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	CEDENT'S USUAL OCCUPATIVE kind of work done during in DONOT use retired.)	CION post of working Len	16b. KIND OF BU	SINESS/INDUSTRY	F (-1)		
ш	17. FATHER'S NAME (First, Middle, Lest)	Oden		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	Vace		
TO B	198, INFORMANT'S NAME (Type/Print)	A. Hull 191	BAO3 Nov	and Number or Rural F	Alle S	p, State, Zip Code)	md. 2,216		
	20e. METHOD OF DISPOSITION 1	oval from State 20th PLACE / perhetery, cre	metary or other place)	Vama of	DATE 20c. LO	CATION - City or	Town State ()		
	21. SIGNATURE OF FUNERAL SERVICE LI	Duss	22. NAME	AND ADDRESS OF FAC	PUSS F	UNEI	Al Home		
	23. PART i. Enter the diseases, pr	complications that ceuaed the de	ath. Do not anter tha m	ode of dying, such	n aa cardiac or raap	ratory erreat,	Approximata		
	iMMEDIATE CAUSE (Finel diseese or condition reaulting in death)	Sepsis					Interval Batween Onset end Death		
TION	DUE TO (DR AS A CONSEDUENCE DF): Sequantielly list conditions, If any, leeding to immediata DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. Chronic Renal E							
AL CI	PART II. Other algnificant condition	ns contributing to deeth but not r	esuiting in the undariyi	ng causa given in i			4b. WERE AUTOPSY FINDINGS		
MEDIC	multiple emb cerebrovaso	oli ular accident			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26.1	PLACE OF DEATH (Che					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Danpetient 2 ER/Dutpetient 3	OTHER:	me 5 Residence					
ВУ РНУ	27. MANNER OF DEATH T Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. III	JURY AT ORK? YES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	me, ferm, street, fectory, off	Ce	261. LOCATION (Street a City or Town, State)	and Number or Ruri	il Route Number,		
COMPLETED		CIAN: To the best of my knowledge, date: R: On the bests of exemination end/or i					e(s) end menner es stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIES	ich		29c. LICENSE NUM	BER	29d. DATE SIGN	9/91 (Month, Day, Year)		
10	C. Chhleng, M.D.	O COMPLETED CAUSE OF DEATH (ITEM	eneral Hosp	ital					
	31. DATE FILED-(Month, Day, Year)	32. REGISTRAR'S SIGNATURE							
	000 0 1991	()							

Topics of the state of the stat

a.	transit permit. Proper 1 4, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE FLINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Pages 1.6.3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAN					IOAII		DLA		REG. N	0.		
	1. DECEDENT'S NAME (First, MARY		MEN	Mar	ry Han	men				2. OATE OF OEATH	DAY O/	YEAR	3. TIME OF DEATH 9 35 P. M
	4. SOCIAL SECURITY NUMB 216-03-2944	ER	5. SEX	6. AGE (In yrs. Ia	et birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		BALT	THORE MO
NG.	9a. FACILITY NAME (If not institution, give street and number) MANOR CARE TOWSON					BALTIMORE MO U.S.A					ATH		
5	RESIDENCE OF DEC	EDENT			_								
DIRECTOR	Marvland	Balti	imore Count	.v	-	ry, town o GlenAi		ION					10d, INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER						101	ZIP COC	DE		10g. Cl	TIZEN OF WI	IAT COUNTRY?
FUNERAL	10 Wagon Whee	al Courd	-					2105	7		Ur	nited S	itates
3	11. MARITAL STATUS	of court	12. WAS DECEDEN	IT EVER IN U.S. A	RMED			ENOENT	OF HISPAN	HC ORIGIN? (Specify			- American Indian, White, etc.
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2 X	NO				en, Maxica Specify	n, Puarto Ricen, atc.) /:		Specify	
G		EOENT'S EOU		16a. D	ECEDENT'S Give kind of	USUAL C	CCUPATIO	ON of work	ina	18b, KIND OF	BUSINESS/IN	OUSTRY	
COMPLET	Elementery/Secondary (0		College (1-4 or 5	111	e. Do NOT u	isa retired.)	during mo	at or work	my				
필	10				Secret	ary				West	ern Ele	ectric	
ON	17. FATHER'S NAME (First, M	cicile, Last)						16. MOT	THER'S NA	ME (First, Middle, Maid	en Surname)		
	George Hamme	n. Sr.							An	na Pensker			
BE	190. INFORMANT'S NAME (7			1	9b. MAILIN	G ADDRES	\$ (Street a	and Numbe	er or Rural I	Route Number, City or	fown, State, Z	(ip Code)	
2	Stella Hamme									enArm, Mar	y	21057	
	20e. METHOO OF DISPOSIT		oval from State	20b. PLACE other p	olace)							- City or Tow	
	4 Donation 5 Donat			Most	Holy						Baltim	ore, Ma	aryland
	21. SIGNATURE OF FUNERA					22.	NAME A	NO AODRI	ESS OF FA	k Funeral H	ome I	nc.	
	> mau	LT.	Lawy	na.						bad Baltin			1214
CERTIFICATION	23. PART I. Enter tha d shock, or h IMMEDIATE CAUSE (Fir disease or condition reaulting in death) Sequentisity list condit if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	ions, diata	s. CATOUE TO DUE TO DUE TO PAF	use on each lin	EVIO	COP:	CAV	ys	AVG				Approximate Interval Between Onset and Death
MEDICAL	PART II. Other significe	ent condition	a	death but not	resulting	In the u	nderlyin	g cause	given in		AN AUTOPS FORMEO?	Y 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
¥.	25. WAS CASE REFERRED T	O MEDICAL						LACE OF	DEATH (Ch	neck only one)			
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpetlant	3 🗆 DOA	4 DAK		ne 5 🗆 1	Residence	8 Other (Specify)			
BY PHYSICIAN:	7	Pending investigation	26a. OATE OF	F INJURY Day, Year)	28b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d, OEŞCRIBE HO	d. OEȘCRIBE HOW INJURY OCCUREO		
	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, f building, etc. (Specify)					, street, fa	street, factory, offica 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				oute Number,		
COMPLETED	CONSCA CINY									to the ceuse(e) and time, date and place			and menner es stated.
О Ш	29b. SIGNATURE AND TITLE	OF CENTIFIE	R	No. 1			_	29c. LI	CENSE NU	MBER	29d. D	ATE SIGNEO	(Month, Day, Year)
TO BE	A. Jen	(La	~~~	hus				P	29-	770	•	12-	2-91
	30. NAME AND ADDRESS O	CAS	SANEGO	DE OF DEATH (IT	630	00, Print)	KEN	Wol	00	ave-svi	te 3-	- 21	237
	31. DATE FILEO (Month, Day.	Year)" 13	32. REGISTR	AR'S SIGNATURE				- 4					
		X 5 4 6		0	عناية فيم			-					DHMH-16 Rev 1/89

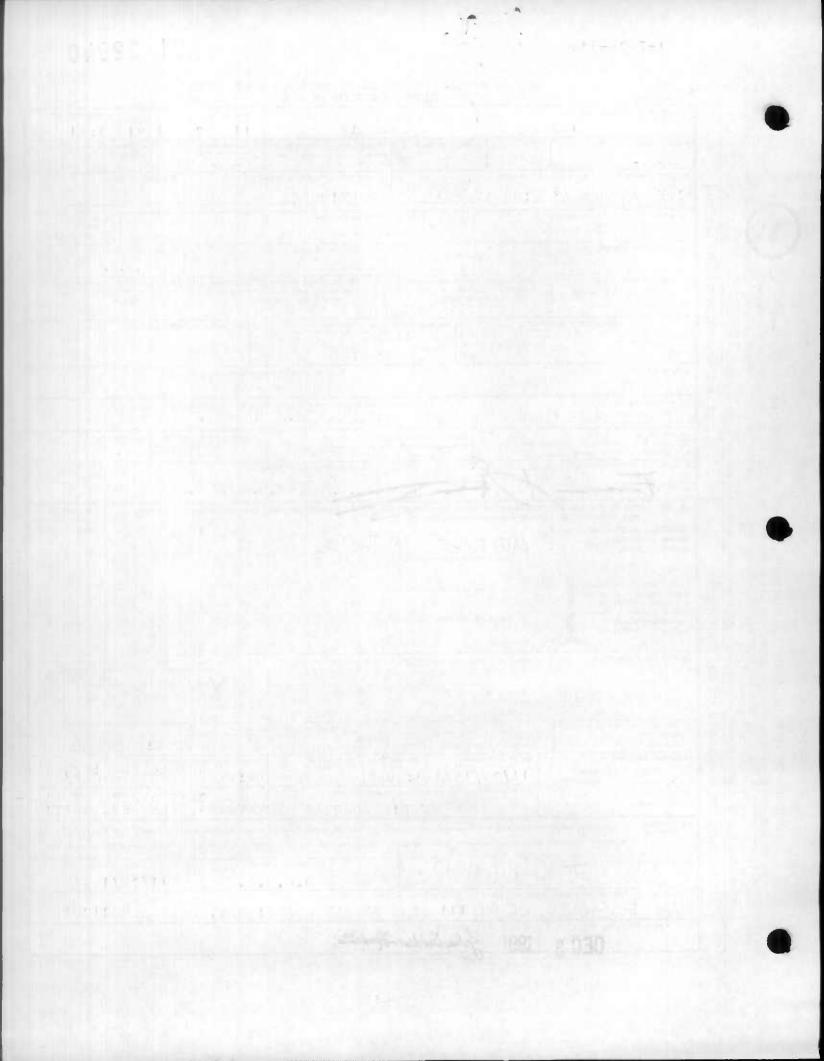
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30,	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 new	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled
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ECC	quires	n signe
AL R	e law re	has bee
VIT	IAN: Th	tificate
OF	PHYSIC	this cer
ON	NDING	R. After
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	R ATTE	IRECTO
	- 1	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE O	F MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
t. DECEDENT'S NAME (First, Middle, L	ast)		2. DATE OF DEATH
J(DSEPH	HARRIS	11 28
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH

t. DECEDENT'S NAME (First, Middle, Last						2. DATE	OF DEATH	Y 1	EAR 3.	TIME OF DEATN
4. SOCIAL SECURITY NUMBER	SEPH			IARRIS		11	28	199	91	3:51 p'
216-36-0523	5. SEX 1 (X) M 2 (1) F	6. AGE (in yrs. in	YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Mon	OF BIFITH th, Day, Year) 23-194		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	N OR LOCATION OF			9c. COUNT	Y OF DEAT	Н
29TH AVENUE A	r HIGHWA	Y #83		BALT	IMORE					
10a. STATE 10b. COUN	TY			TIMORE			***		10d. INSIDE CITY LIMITS? t V YES 2 NO	
10e. STREET AND NUMBER			1		10f. ZIP CODE			10g. CITIZE		T COUNTRY?
1008 E. BIDDLE	STREET				21202			U	.S.A	
t1. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T, EVER IN U.S. AI X YES 2 WAR OR DATES	RMED NO	If yea,	ECENDENT OF NISP specify Cuban, Maxi ES 2 NO Spec	can, Puarto	N? (Specify Yaa Rican, atc.)	or No — 14	Black, W	American Indian, hita, atc.
15. DECEDENT'S ED (Specify only highest grad		18a. Di	ECEDENT'S	USUAL OCCUPATION	TION	181	. KIND OF BUS	INESS/INDUS		
Elementary/Secondary (0-12) 12TH	College (1-4 or 5	r) life	Do NOT us	MPLOYED						
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S I	AME (First,	Middle, Maiden	Sumame)		
JOHN HARRIS										
190. INFORMANT'S NAME (Type/Print) I SABELLE DANGER	FIELD	19	1008	ADDRESS (Street	LE ST./E	ALTIN	NORE, N	n. State, Zip Co	02	
20a. METNOD OF DISPOSITION 1 VI Buriat 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from Stata			PEDISPOSITION (DAT		ONSVIL		
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	7		22. NAME	AND ADDRESS OF	FACILITY				
		7								A 11 1 T
23. PART i. Enter the diseases, or shock, or heart fellura immediate CAUSE (Final disease or condition resulting in death)	. MUL	ise on aach iini	11/	JUKI		-				Approximate Intarvai Batwear
iMMEDIATE CAUSE (Final disease or condition	8. MUL DUE TO b. DUE TO c.	TIPLE	QUENCE OF	JUKI)	noda of dying, au	-				Approximate Intarvai Batwear
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iMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	8. DUE TO DUE TO d.	(OR AS A CONSE	QUENCE OF	JUKI):): n the underlyi	noda of dying, au	n Part I.	24a, WAS AN. PERFORI	AUTOPSY MED?	24b. WE AW	Approximate Interval Between Onset and Death Onset and Death RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATN?
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iMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions are conditions of the c	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF resulting in 28b. Time INJU 3:40 Ome, farm, st UBLI seth occurre- Investigation	OTHER: 4 Nursing No E OF 28c. If any M I of tract, factory, off C ROAI det the time, day, in my opinion,	PLACE OF DEATN (Come 5 □ Realdence NJURY AT VORK? 2 N NO lice D W A Y	n Part I. Check only or a 8 XI Other 28d. DES DRI 28f. LOC City WAY In to the case lime, date	24a. WAS AN PERFORM 1 YES 2 PERFORM 1 YES 2 TOWN SALED 1 ATION (Suppose of Town, Saled) 1 8 3 (use(a) and manual	AUTOPSY MED? NO UBLIC NO UBLIC F MOT F MOT OVERP TO RE	24b. WE AM CO DF T [C RO RC C RO AS S MAR MAR MAR MAR MAR MAR MAR MAR MAR MAR	Approximate interval Batweer Onset and Death Death Onset and Death Death Onset and Death Dea
iMMEDIATE CAUSE (Final disease prondition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation investigation of Suicide 1 Notice of Could not be detarmined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF resulting in 28b. Time INJU 3:40 Ome, farm, st UBLI seth occurre- Investigation	OTHER: 4 Nursing No C ROAI det the time, dar in my opinion,	PLACE OF DEATN (Come 5 □ Realdence NJURY AT VORK? OWA Y ta and place, and de death occured at the death occured at the Come of Come	n Part I. Check only or a 8 XI Other 28d. DES DRI 28f. LOCCINY WAY In to the case lime, data JMBER M. E.	24a. WAS AN PERFORM 1 YES 2 TO (Specify) P SCRIBE NOW IN MOVER 2 ATION (Sipport of Town, 3(a)) 1 8 3 (1) 1 8 3 (1) 1 8 3 (1)	AUTOPSY MED? NO UBLIC BURY OCCUP FOR CY FOR CY OVERP TO VERP T	24b. WE AM CO DF t [C RO RC C RO RC C RO RC C RO RC C RO RC C RO RC C RO RC C RO RC R R R R	Approximate Interval Batweer Onset and Death Death Onset and Death Death Onset and Death
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. OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2 3 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	them 28 is marked or them 23 shows any injury or other traumatic event the medical evanties, much be existed at account
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JR AT	NREC	Surs 5	em ,
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	1. DECEDENT'S NAME (First, Middle, Last))					2. DATE OF DEATH			
	Genera		Harkles	(MONTH	DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last birtho	lay) IF UNDER	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		a. BIRTHPI	ACE (State or Form
	216-28-9808	1 🗆 M 2 💢 F	69 YR	S. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)	22	Country)	SC
TOR	9a. FACILITY NAME (If not institution, give Battmure Cou RESIDENCE OF DECEDENT	street and number)	al Hospit	A Ray	TOWN O	allstown		-	NTY OF DEA	тн
DIRECTOR	10a. STATE 10b. COUNT	ultimore	10c.	Rance		rion Ustown				Od. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER	0 1			101	. ZIP CODE		10g. CITI		AT COUNTRY?
ER	3503 Dia	5 Court.				2113	3		15 A	
BY FUNERAL	1 Naver Married 2 Merried 3 Widowed 4 Divorced	1 Naver Married 2 Merried FORCES? 1 YES				ENDENT OF HISPAR ecity Cuben, Mexice 2 NO Specifi	NIC ORIGIN? (Specify Ya in, Puerto Rican, atc.) y:	ne or No—	14. RACE - Black, 1 Specify:	- American Indian White, etc. Black
COMPLETED	(Specify only highest grad	UCATION le completed) College (1-4 or 5+)	(Give kind	T'S USUAL OC of work done do T use retired.)	CUPATIO uring mo:	ON st of working	16b, KIND OF BU	JSINESS/INC	DUSTRY	
0.0	Robert Lunn					18. MOTHER'S NA	ME (First, Middle, Meider	Sumame)	_	
2	Johnnie Hark	less	19b. MAIL	70 ((Street a	Number or Rural	house Number, City or Tov	wn, State, Zip	Code)	-121
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	21. SIGNATURE OF FUNDRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Warch F. H. West 1. A. C. C. C. C. C. C. C. C. C. C. C. C. C.								bash	Sug
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	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	· Acut	the each line.	caroli		inforce	tion			
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	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 short with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal	
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91 32942 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Q YEAR Bracie Hatchett 5:19PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State of Foreign 224-22-052 DAYS 1 M 2 WF HOURS YRS. -1920 Sp. FACILITY NAME (If not instite baltimore 9b. CITY, TOWN OR LOCATION OF DEATH BOUNTY OF DEATH DIRECTOR Conn General Bultimore salt im oke RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ma timore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 80 2 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Merried
3 Widowed 4 Divorced If yee, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 2+6 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Jennings BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod 2 Ha Balto. md. 21223 Znil HOY 20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Burlal 2 Cremation 3 Rem Donation 5 Other (Specify) 12-5-91 Dalto nol. Cemekry 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY e-West March Funeral Dalto . md. 21215 4300 Wabash 23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or treert feilure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Oneet end Death diseese or condition QUE TO (OF AS A CONSEQUENCE OF): resulting in deeth) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO Nascular) disease) 1 | YES 2 | NO cerelnovaxular PHYSICIAN: disease 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Vinpatiant 2 ER/Outpatient 3 DOA OTHER:
4 [] Nursing Home 5 [] Rasidence 8 [] Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide detarmined COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(e) end manner es atsted. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year) Koston

Modes Boston BCGH 31. DATE FILED (Month, Day, Year) 2. REGISTRAR'S SIGNATURE whia Davidson DEC 0 3 1991 Randelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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6	K	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	×
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FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ELIOT PROVOOST HURD JR. 20:03 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. RIFTHPLACE (State or Foreign NOV . 16, 1947 213-50-0718 1 M 2 F 44 MD. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Union Memorial HOspital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE RANDALLSTOWN MD. 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7806 BREVORT ROAD 21207 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify, Cuban, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced Specify: WHITE ED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY E Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 12 CASHIER AMOCO OIL CO. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) ELIOT P. HURD SR. MARIAN HANDY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 574 WEST UNIVERSITY PKWY. BALTO, MD. 21210 ELIOT P. HURD SR. 20s. METHOD OF DISPOSITION
NI Burlal 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ST. THOMAS 12/4/91 OWINGS MILLS, MD. CH.CEM. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 utt HENRY W. JENKINS AND SONS. BALTO, MD 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arreat, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE OF):

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Due TO (OR AS A ENSEQUENCE OF): **Onset and Death** disease or condition reaulting in death) CERTIFICATION Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural м 1 YES 2 NO BY Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicida determined 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29d, DATE SIGNED (Month, Day, Year) Xillino ► 11/30/E/ 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Union Memorial Hospital 32 REGISTRAR'S SIGNATURE ina Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

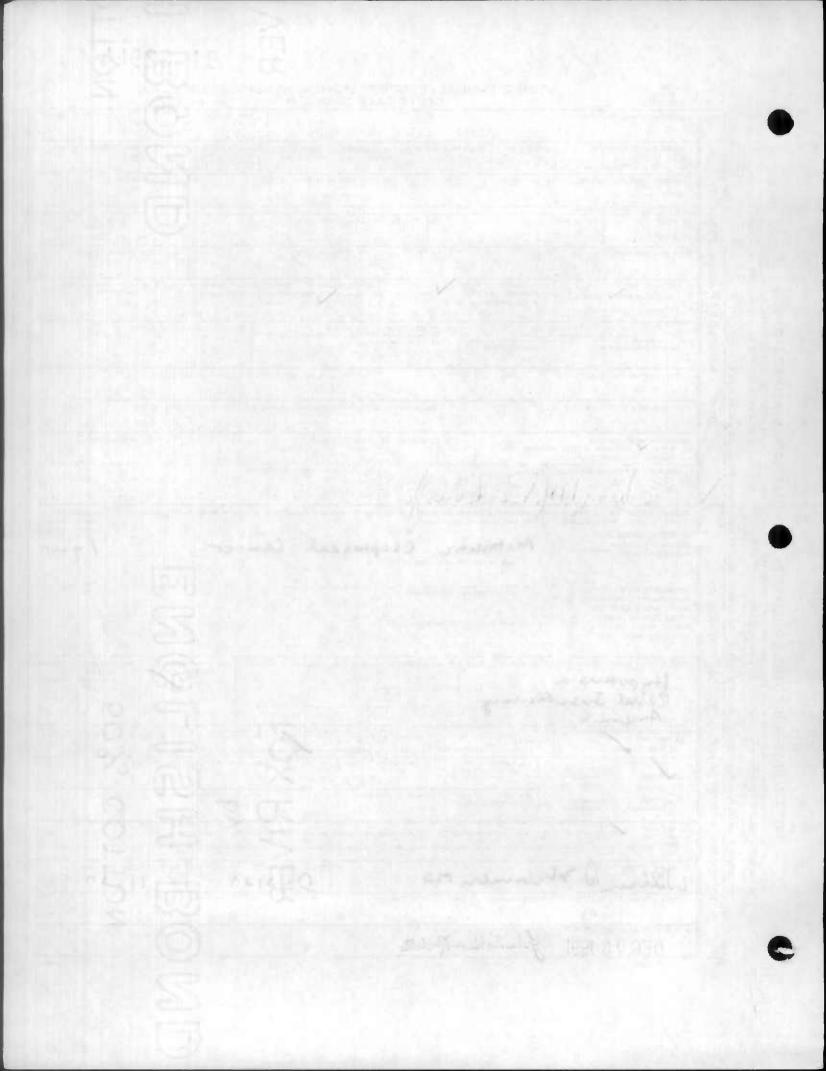
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IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hard hard hard been signed by the attending physician and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING I	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

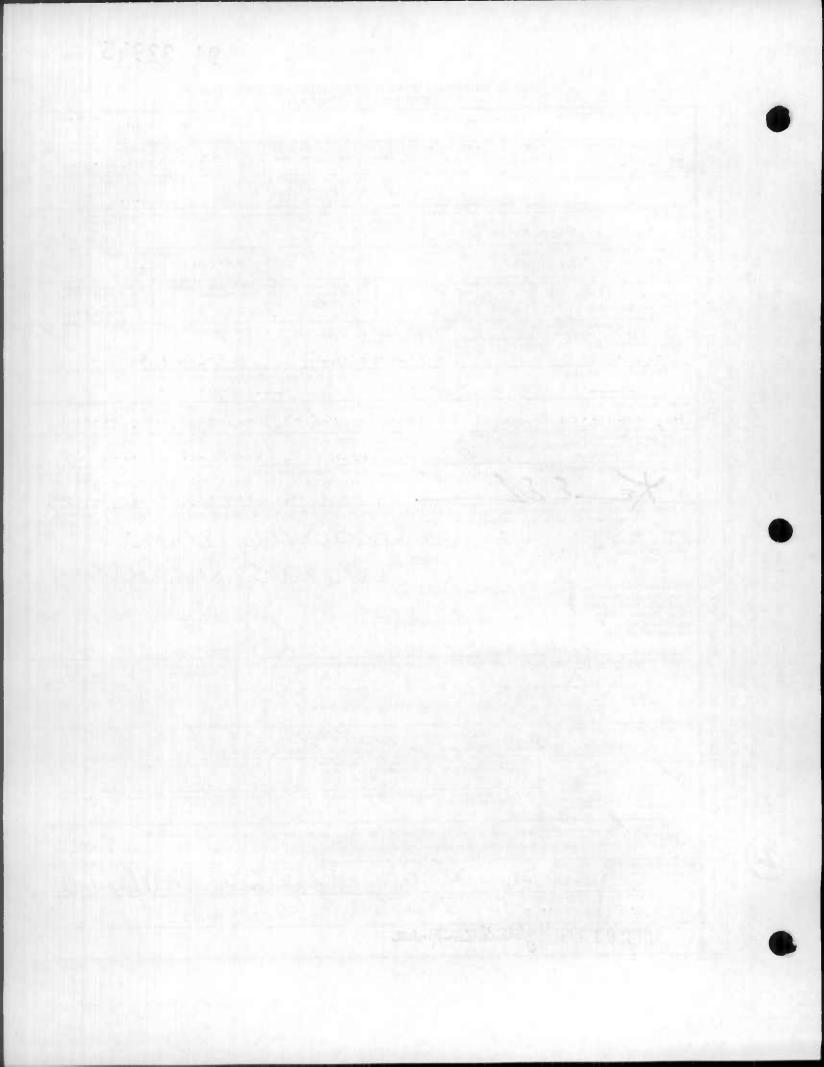
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213-36-2609	XX M 2 - F	89	YRS.	MONTHS DAY	S HOURS MIN.	MA	th, Day, Year) Y 18, 1	902	Country)	MD.
9a. FACILITY NAME (If not institution, give street and number)					N OR LOCATION OF	DEATH	1,511,111	9c. COUNTY	OF DEATH	
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RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c. CITY	, TOWN OR LO	CATION				10d	. INSIDE CITY
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10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN	N OF WHAT	COUNTRY?
25 RUXVIEW CT	•			6.4	2:	1204			U.S	. A .
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17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden	Surname)		
WILLIAM SAUND 19a. INFORMANT'S NAME (Type/Print)	ERS HAMN		h MAII ING	ADDRESS (See	ROSA			State 7in Co	odal	
DOROTHY N. HAMI	MOND				W CT. RI					
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1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	of cemetary,	, crematory	or other place)		1 _	10			MD.2120
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23. PART I. Entar the diseases or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST PART II. Other significant conditions to the conditions of the conditions	a. OUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D	GOR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECT	OUENCE OF	or anter tha	mode of dying, s	JENKI JE	24e. WAS AN PERFOR	AUTOPSY MED?	24b. WE AMACOOF	BALTO, M. Approximata Interval Betwee Onset and Daa 1 Y LALT RE AUTOPSY FINDING ILABLE PRIDT TO MOLETION OF CAUSE DEATH?
23. PART I. Entar the diseases or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant condition The perfect of th	a. OUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE O	GOR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECT	OUENCE OF	or anter tha	mode of dying, s PLACE OF DEATH Home 5 Mesidence INJURY AT WORK? YES 2 NO	JENK I	24e. WAS AN PERFOR	AUTOPSY MED?	NS . 24b. WE AMM COO OF	BALTO, M. Approximata Interval Betwee Onset and Daal J GLACT RE AUTOPSY FINDING ILABLE PRIDR TO MPLETIDIN OF CAUSE DEATH? YES 2 NO
23. PART I. Entar the diseases or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventareaulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural S Pending Investigation S Usicide 8 Could not be	a. OUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inputient 2 28a. PLACE Of Month, D 28a. PLACE Obuilding.	GOR AS A CONSECTION OF INJURY — At ho etc. (Specify)	DUENCE OF DUENCE	ort anter that the time, and at the time, and at the time, and at the time, and at the time, and at the time, and at the time, and at the time,	mode of dying, s PLACE OF DEATH Home 5 Pesidence INJURY AT WORK? YES 2 NO office	In Part I. Check only of the Color of the C	24a. WAS AN PERFORM 1 YES 2 CATION (Street ay or fown, State) Buse (a) and men	AUTOPSY MED?	24b. WE AMACOOPT	BALTO, M. Approximata Interval Betwee Onset and Daa / Y LALT RE AUTOPSY FINDING ILLABLE PRIDR TO IMPLETION OF CAUSE DEATH? YES 2 \(\subseteq NO

31. DATE FILED (Month, Disk, Well) = DEC 0 3 1991



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

214- 90. FACILIT NOR	SECURITY NUMBER	3. (Bale	dwin)	H	AZLE'	TT			2. DATE OF DEATH	3	9TAR	3. TIME OF DEATH 04:35 PM M
NOR'	-03-5959	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 5-17-	1909	8. BIRT	
12	Y NAME (If not institution, give :				9b. CITY,	TOWN O	R LOCAT	ION OF DE		_	NTY OF C	ryland
RESIDE	NORTH ARUNDEL HOSPITAL ASSOCIATI				G	LEN	BURN	VIE		A.A. COUNTY		
	10a. STATE 10b. COUNTY				Y, TOWN O							10d. INSIDE CITY
Mary	AND NUMBER	ne Aruno	del		Pasa							1 TYES 2 NO
	306 Tuggies	Road,				101.	ZIP COD	E	21122		ZEN OF	WHAT COUNTRY?
11. MARITAI	STATUS Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2X	RMED	13. W	MS DECE	ENDENT (OF HISPAN	HC ORIGIN? (Specify Yearn, Puarto Rican, atc.)		-	E — American Indian, k, Whita, atc.
E.	ed 4 Divorced	IF YES, GIVE W	AR OR DATES					Specify			Spec	
	15. DECEDENT'S EOU (Specify only highest grade	completed)	(G	CEDENT'S	vork done di	CUPATIO	N st of worki	ng	16b. KIND OF BUS	SINESS/INC	USTRY	WILLOC
	th Grade	College (1-4 or 5	,	tire		100	ama.	_	Co16 o		3	
	NAME (First, Middle, Last)			LILE	ed Se	116			Self-e ME (First, Middle, Maiden		yea	
			Haz1						- Bough			
	Mary Alice	Torons		6. MAILING					Ploute Number, City or Town			01100
20a. METHO	D OF DISPOSITION				-			κα.,	Pasaden			21122
4 Donation 5 Other (Specify) Metro Crematory, Inc. 5/25 Catonsville, Md.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Pasadena 21. 122												
00 0407	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate											
IMMEDIAT	E CAUSE (Final condition	a. Ca	y AlC). R	eel	ha mod	le of dy	Ing, auch	as cardiac or reapi	Me	ST	Approximata Interval Batwean Onsat and Death
If any, lea cause. En	ding to immediata ar UNDERLYING	b. (1)	OR AS A CONSEC		10	lu		ap	of Ru	RIP	ee	
that initial	CAUSE (Disease or Injury that Initiated evants resulting in death) LAST d.											
PART II. O	ther eigniticant condition	s contributing to	death but not r	eaulting I	n the und	erlying	cauaa g	givan in F	Part I. 24s. WAS AN.	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
	CVA								PERFOR 1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
EXAMIN		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:				ck only one) 5 ① Other (Specily)			
27. MANNER		28a. DATE OF (Month, Da	INJURY	28b. TIME	OF 2	8c. INJU	RY AT	· ·	26d. DESCRIBE HOW IN	JURY OCC	URED	
2 Acci	dent Investigation	200 BLACE OF	TAL HEPW		М	1 YE	S 2 [
4 Hon	O COOLD LIGHT DE	building,	INJURY — At horate, (Specify)	rrai, vaicim, an	raet, lactor	у, отнев			281. LOCATION (Street a City or Town, State)	nd Number	or Rural A	toute Number,
29a. CERTIFI (Check o	CERTIFYING PHYSIC	CIAN: To the beat of ax	my knowledge, de	ath occurre	d at the tim	e, data a	and place,	and due t	to the cause(s) and man	ner as state	d.	and manner as stated
29b. SIGNATI	THE AND TITLE OF CERTIFIER		nu e	10				NSE NUMI				(Month, Day, Year)
30. NAME AN	M. GALOSO,	COMPLETED CAUS	F PENIN	SULA	FARM	ROA	AD/A	RNOLI	D, MARYLAN	D 210		



	FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Olive M.	Hall			2. DATE OF DEATH DAY		3. TIME OF DEATH		
	217-22-0124		YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Oay, Year)	22	orthplace (State or Foreign Unitry) Maryland		
E CE	9e. FACILITY NAME (If not institution, give street of	e Towson		TOWN OR LOCATION OF DE	Baltimore				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Balt	20.	10c. CITY, TOWN C			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
UNEKAL	10a. STREET AND NUMBER 117 Dumbarton Roa	ad		101. ZIP CODE 21204			S.A.		
BY	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYES 2 PA IF YES, GIVE WAR OR DATES	NO I	WAS DECENDENT OF HISPAT If yea, specify Cuban, Mexica I YES 2 NO Specifi	in, Puerto Ricen, etc.)	or No 14. R/Bi	ACE — American Indian, lack, Whita, atc.		
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the	pleted) ((ECEDENT'S USUAL OF Give kind of work done to Do NOT use retired.) Homemake	during most of working	166. KIND OF BUSINESS/INDUSTRY Own Home				
S.	17. FATHER'S NAME (First, Middle, Last)		пошешаке		ME (First, Middle, Maiden				
BE	William Carrico				G. Kyle				
2	19a. INFORMANT'S NAME (Type/Print)	15		(Street and Number or Rural					
	Sharon Brahmstadt 20e. METHOD OF DISPOSITION XXBurlel 2 Committion 3 Removel 4 Donetton 5 Quer (Specify)	from State other p	OF DISPOSITION (Na	rfield Ave. me of cometery, cremetory or 1 Cemetery 1	20c. LO	CATION — City or	Town, State		
	21. SIGNATURE OF EUNERAL SERVICE LICENS			NAME AND ADDRESS OF FA		ork Rd.			
	Monald (x	blake Is		uck Towson I					
	23. PART I. Entar the diseases, or companies. List immediate Cause (Final disease or condition resulting in death)	only ona cause on each lin	la.			ratory arrest,	Approximate Interval Batwaan Onset and Daath		
NOI	Sequentially list conditions, If any, leading to immediate Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):						
L CE	PART II. Other algnificant conditions co	ontributing to death but not	resulting in the ur	ndarfying cause given in			24b. WERE AUTOPSY FINDINGS		
N: MEDICA					PERFOF		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA		OSPITAL:	OTHE	26. PLACE DF DEATH (C)					
BY PHYSICIAN:	1 VES 2 NO 1 1 27. MANNER OF DEATH 1 Watural 5 Pending Investigation	Inpatient 2 ER/Outpetlent 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 U Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCURED	0		
	3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At Inbuilding, atc. (Specify)	nome, farm, atreat, fac	tory, office	26f. LOCATION (Street and City or Town, State)		ral Route Number,		
COMPLETED	CONDON ONLY	N: To the best of my knowledge, on the basis of exemination and/o					se(a) and manner as stated.		
O BE	296. SIGNATURE AND THILE OF CERTIFIER	lungs	ms	DZP.	MBER 770	29d. DATE SIG	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO						2122		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Kilm X	and the	OD AVE-	SVITE3	- 21237		
	UEGE	1331 700	Charlena . A	100					

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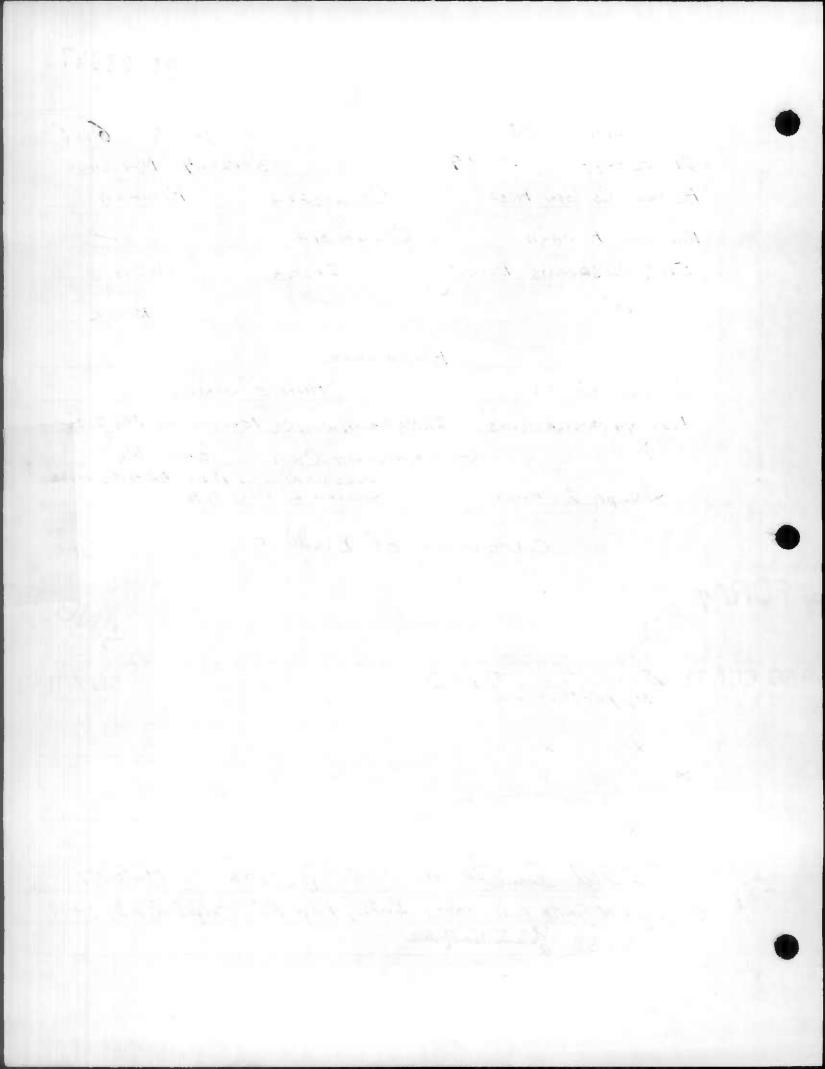
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2/1/2.201. 2/1/2.2012 Manar Jare (Sussan Tausan

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

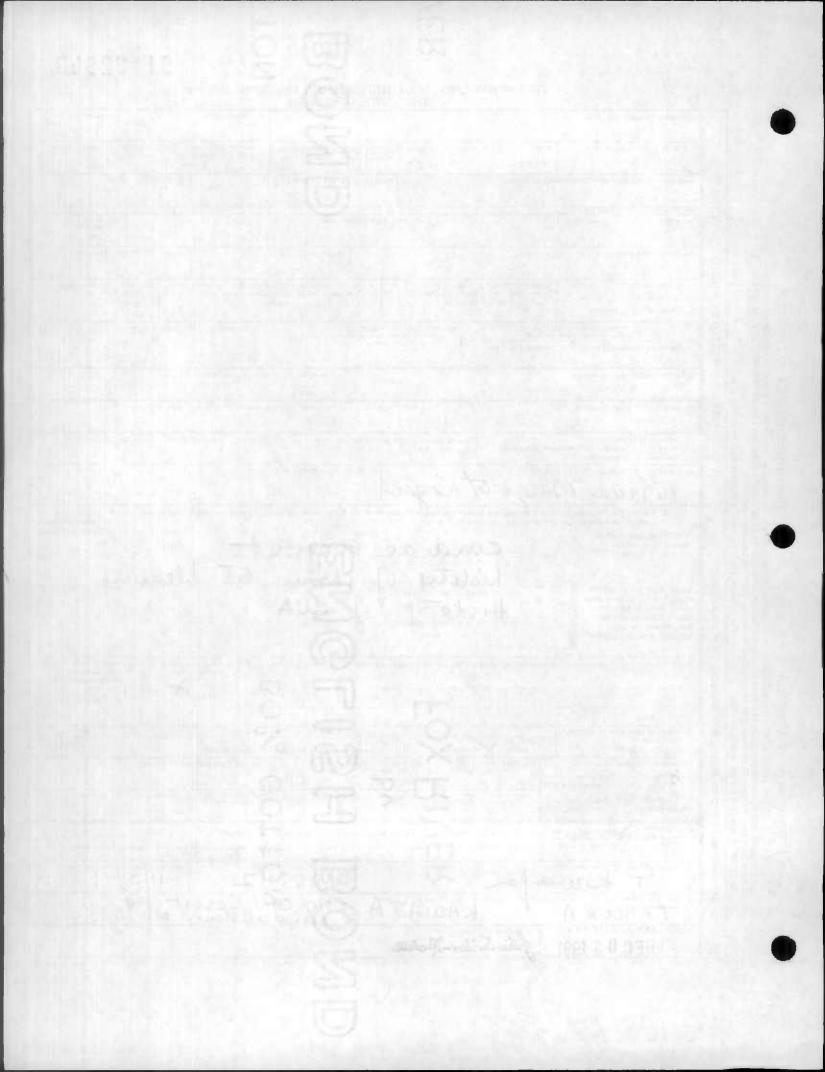
	REGISTRAR	CERTIFI	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) At Jell M. Je	endy	. = 1		2. DATE OF DEATH MONTH D.		HTASO SO SITE OF DEATH .C.		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yr 2 1 5 22 3845 1 1 M 2 1 6 7	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 -12-2	8. BI	RTHPLACE (State or Foreign unity) ARYLANIA		
NG.	90. FACILITY NAME (If not institution, give street and number) Howars Co Gan Husp			~			FDEATH		
5	RESIDENCE OF DECEDENT			4.70.					
DIRECTOR	MARYLAND HOWARD	Y, TOWN OR LOCATION OLUMBIA				10d. INSIDE CITY LIMITS? 1 TES 2 NO			
7	10e. STREET AND NUMBER		10t. ZIP CODE			10g. CITIZEN C	F WHAT COUNTRY?		
FUNERAL	5107 HESPERUS DRIVE			2/0 4/3			S. A		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	LINO	If yes,	specify Cuban, Mexice S 2 10 Specify	n, Puerto Ricen, etc.)	8	ACE — American Indian, leck, White, etc. pecify:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	lite. Do NOT use	ork done during in retired.)	nost of working	16b. KIND OF BU	SINESS/INDUSTR	Y		
MP		MOMA	MAKE						
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Meiden				
BE	19e. INFORMANT'S NAME (Type/Print)	19h MAILING	ADDRESS (Street		Route Number, City or Tow				
2	KENING PAMERA JONES	223%		woon Ca	1		Mo 21207		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal trom State	ACE OF DISPOS	ITION (Name of	emetery, crematory or	CATION - City o	r Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME 222	AND ADDRESS OF FA	DILITY AU	UT BALL	TOMO 21212		
	Joseph Le Kein				Russ F.				
	23. PART I. Enter the diseases, pr compilications that ceused the shock, pr heart failure. List only one ceuse on each IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) DUE TO (OR AS A CO	Ma	of			iratory arrest,	Approximate Interval Between Oneat end Death		
NOI	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):								
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease Dr Injury thet initiated evente	NSEQUENCE OF):						
ERTI	resulting in death) LAST								
	PART ii. Other eignificent conditions contributing to deeth but i	nnt meulting i	n the underly	no celles given in	Part i. 24e. WAS AN	AUTODEY	24b, WERE AUTOPSY FINDINGS		
EDICAL			ii the underly	ing codes given in	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	Diaberes, Type	-1-			1 YES	2 NO	OF DEATH?		
Σ	Hypertension								
AN	25. WAS CASE REFERRED TO MEDICAL		20	PLACE OF DEATH (Ch	ack ank anal				
i Si Ci	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetie	ent 3 🗆 DOA	OTHER:	ome 5 Reeldence					
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. I	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE)		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY—building, etc. (Specify)	At home, ferm, s			281. LOCATION (Street City or Town, State		val Route Number,		
LET	and convicien	Constitution of			New Years and the first	920-336-3			
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the beele of examination or						se(e) end menner ee steted.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER S.	· D.		29c. LICENSE NUI	576	> 1/-	NED (Month, Day, Year) -30-91		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Report W Smith A.D. 108	(ITEM 27) (Type,	Frint)	Ridge A	Pd. Coll	nhia	md, 21044		
	31. DATE FILED (Month, Day, Year)	fandelle		7-7-	Con-	1017	0,21-11		
	DEC 0 3 1991 Guna Davidson-1	-							



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE HIGENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR C	ERTIFIC	ATE OF	DEATH	REG	G. NO.					
	1. OECEOENT'S NAME (First, Middle, Lest)				2. DATE OF DE	ATH DAY		3. TIME OF OEATH			
	leonard A. Jones				MONTH	28	YEAR	7-10 M			
= 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	TH March	8. BIRTI- Counti	IPLACE (State or Foreign			
	212-09-5719 ¹√2□F 79	YRS.	DAYS DAYS	HOURS MIN.	5 12	12	MAR	YLAND			
OR	99. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GENERAL	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. CO	BAL.	TIMORE			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?			
	MD		BALT	MORE				1 X YES 2 NO			
FUNERAL	3805 W. COLDSPRING LANE		101.	ZIP CODE 212	15	10g. CI	USA	VHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. & FORCES? 1 YES 2 Merried IF YES, GIVE WAR OR DATES	RMEO NO		ENDENT OF HISPAN Helly Cuben, Mexico 2 NO Specify	n, Puerto Ricen,		14. RACI Blac Spec	E — American Indien, k, White, atc. lly: black			
	(Specify only highest grade completed) (I	Give kind of wor	SUAL OCCUPATION done during mos		18b. KIND	OF BUSINESS/II	NOUSTRY	5.4011			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	e. Do NOT use i	retired.)		AMER	ICAN SM	1ELTI	NG & REFIN			
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA		Maiden Sumeme)					
BE	THOMAS JONES			MAUDE							
2				PRING LA				21215			
	20e. METHOD OF DISPOSITION 20b. PLAC		F DISPOSITION			20c. LOCATION -					
	1 □ Burlel 2 ◯X Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	CREMA	TORY	1	1/30/91	CATONS	SVILL	E, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE * Kalen Margaret Ko	ger	22. NAME AN	D ADDRESS OF FA	MAIN	CH FUNE O WABAS					
	23. PART I. Enter the diseases, or complications that caused the		antar the mo	da of dying, auc	h as cardiac o	r reapiratory a	rreat,	Approximata			
	ahock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSI	iac	a	roed	1	1 ^		Interval Batween Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART II. Other significant conditions contributing to death but not	reaulting in	tha undarlying	g cause given in		WAS AN AUTOPS PERFORMEO? YES 2 NO	Y 241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?			
PHYSICIAN: ME								1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26 01	ACE OF DEATH (Ch	ack only one)						
SICI	EXAMINER? 1 YES 2 NO HOSPITAL: Inputtent 2 ER/Outpatient		OTHER:			n/h/1					
H	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME	OF 28c. INJ			E HOW INJURY O	CCURED				
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	IUUNI		PK? PES 2 NO	5 111						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, ferm, str	eet, fectory, offic		28t. LOCATION City or Tow	(Street end Numl n, State)	ber or Rural	Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or							s) and menner es stated.			
뭠	29b. SIGNATURE AND TITLE OF CERTIFIER		18	29c, LICENSE NU	MBER	29d. 0	ATE SIGNE	O (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27 (Type E	Prima 5	310 01	d, Co	ent,	163	1133			
	31. DATE FILED Mohin, Day, Wery 22 DEGISTRAR'S SIGNATURE	Banda 00		7,000							



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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Thelley MONTH J6 YEAR Junes 2:38 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 - F 578 07 1475 DAYE HOURS YRS. 4-4-10 Marion, N.C permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SILVER SPRING, MD. Holy Cross Hospital Montgomery Co. 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY . DC Washington, D.C. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 3110 Elm Street, N.E. burial-transit 20018 USA the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Bleck, White, atc. 1 Never Merried 2 Married BY the 3 Widowed 4 Divorced Specify No No Black for use as ED. 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY ET (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL be detached Insurance (2)Insurance Saleman once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Franklin Malachi Thalley 100 24 nours after death. Page 6 may be retained by BE Penelope Beatrice Tate plnous notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 Estherlyn Lewis 1837 Tufa Terr, Silver Spring, Maryland 20904 pe 20e. METHOD OF DISPOSITION
t Burlal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State director, examiner must Ft. Lincoln 4 Donetion 5 Other (Specify) 11-3h-Bladensburg, Md. 91 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ysician and completely filled in by the funeral prior to burial, cremation, or removal. Wash. D.C. John T. Rhines Funeral Home, 3015 12th St.N.E. ucon the medical 23. PART i. Enjer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition DUE TO (DR AS A CONSEDUENCE OF): 11/26/4 reaulting in death) event. Preumi aut traumatic 11/25/21 CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING sen signed by the attending physician of Health and Mental Hygiene prior to Dehjoratu 11/25/41 CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE DF). that initiated events 24/41 mellitus reauiting in death) LAST 10 injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS shows any Althermer's Disense AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO рееп 1 YES 28 NO PHYSICIAN: this certificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL Item 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2/ NO 1 inpatient 2 - ER/Outpatient 3 - DDA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked. 28d. DESCRIBE HOW INJURY OCCURED t Matural 5 Pending NO M 1 YES 2 1 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, term, streat, factory, office building, atc. (Specify) 3 Sulcida THE HOSPITAL DR ATTENDII THE FUNERAL DIRECTOR: AI filed within 72 hours after de 69 ETED. 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 28 4 Homicide determined NO item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, data end place, and due to the ceuse(s) and menner se stated. COMPL IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Ony, Year) DB Patrick TINS 7719 11/26/41 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 644, CN ALO 121 Loleralle Rd SS, Md Loaps 6 B Lika Davidson-Randesse 31. DATE-FILED (Month, Day, Year) 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

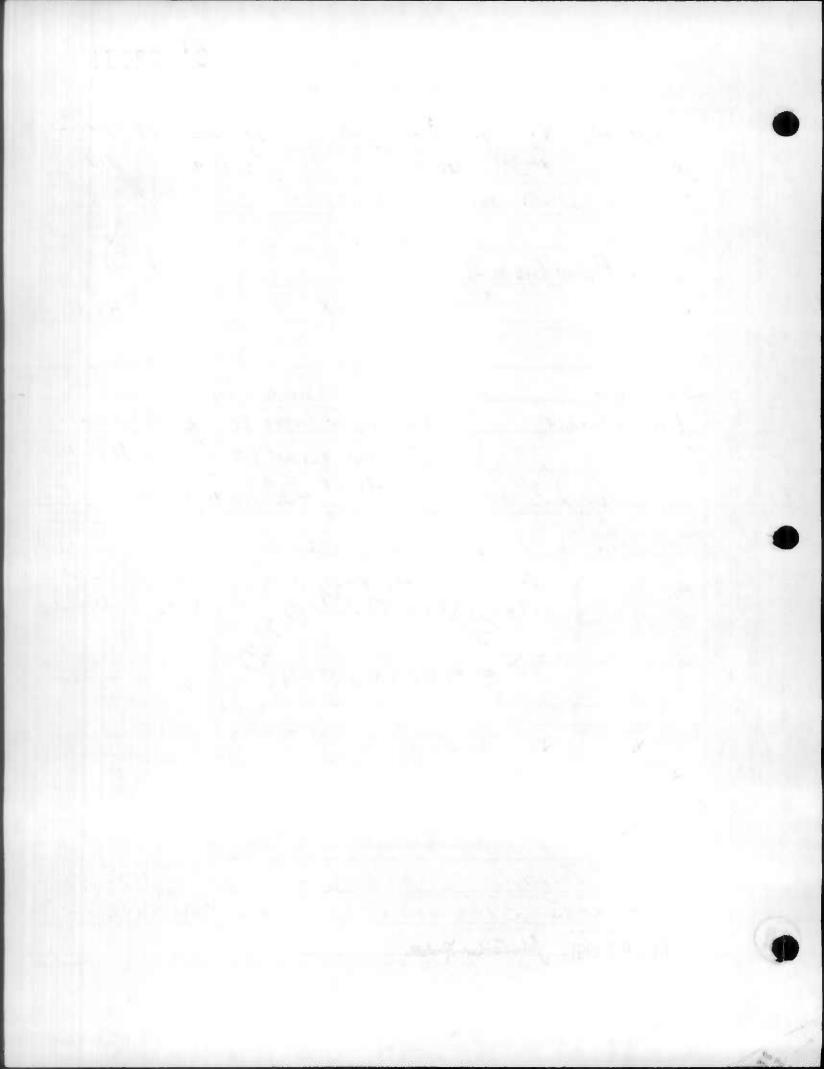
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIRECTOR	4. SOCIAL SECURITY NUMBER 5.					REG.			
TOR	4. SOCIAL SECURITY NUMBER 5.	KOE	NEKE			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
TOR						12	01	911	11:11 PM
TOR			(In yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		Country)	
TOR	9a. FACILITY NAME (If not institution, give street a	9b. CITY, TOWN OR LOCATION OF DEATH							
E	UNIVERSITY HOSPI				30. 00014	TT OF DE	AID.		
	RESIDENCE OF DECEDENT	TITU		DA	LTIMORE				
RE	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY
	MARYLAND	BALTI	MORE				LIMITS?		
AL	10e. STREET AND NUMBER			101. ZIP CODE 100. CITIZ				HAT COUNTRY?	
FUNERAL	707 W. 33rd	STREET			212	11		US	
5	11. MARITAL STATUS 12.	WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify	Van or No		- American Indian,
	1 Naver Married 2 Married	FORCES? 1 YES	2 NO	If yea, sp	ecify Cuban, Maxica	n, Puarto Rican, atc.)		Black,	White, atc.
ВУ	3 X Widowed 4 Divorced			1 162	2 ND Specify			Specify	WHITE
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON Claterall	18a. DECEDENT'S	JSUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDU	JSTRY	WII 2 2 2
E	Elementary/Secondary (0-12) Co	st of working							
AP.	HIGH SCHOOL		HOUSEWI	FE					
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meid	ien Sumeme)		
BE C	WILLIAM KELLI	ER				ORENCE			
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or	Town State Zin	Codel	
5	HENRY L. KELLER					UE, BALTO			3/1
	200, METHOD OF DISPOSITION	201	PLACE AND DATE O				LOCATION - C		
	1 X Burial 2 Cremation 3 Ramoval f 4 Donation 5 Other (Specify)	from State cen	netery, crematory or oth	er place)					
	21. SIGNATURE DF FUNERAL SERVICE LICENSE	E	ULANEY VA	22 NAME AN	M. GUNS	12/4/91	TMONIU	M. M	ARYLAND
	160	Seite.	1	A. A	LAN SEIT	Z. JR. FI	INERAL	HOME	
	23. PART I. Enter the diseases, Dr comp	.0 . ,	7	3818	ROLAND	Z, JR. FU AVENUE, I	BALTO.,	MD.	21211
ATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		CONSEQUENCE OF	:	east				Onset and Death
ERTIFIC	that initiated events reaulting in death) LAST								
	that initiated events reaulting in death) LAST	ntelbustion on death to							
	that initiated events	ntributing to death b	ut not reaulting in	the underlying	cauae givan in i	Pert I. 24a, WAS	AN AUTOPSY ORMED?	A	VERE AUTOPSY FINDINGS
	that initiated events reaulting in death) LAST	ntributing to death b	ut not reaulting in	the underlying	cauae givan in	Pert I. 24s, WAS, PERF	ORMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	that initiated events reaulting in death) LAST	ntributing to death b	ut not reaulting in	the underlying	cause givan in	PERF	ORMED?	a c	WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	that initiated events reautiting in death) LAST PART II. Other significent conditions con	ntributing to death b	ut not reaulting in	the underlying	cause givan in	PERF	ORMED?	a c	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significent conditions con			26. PL	cauae givan in I	PERF	ORMED?	a c	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other significant conditions co	SPITAL:		26. PL		PERF 1 VES	ORMED?	a c	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	that initiated events reaulting in death) LAST DART II. Other significant conditions co	SPITAL: Inpatiant 2 - ER/Outp 28a, DATE OF INJURY	etlent 3 DOA	26. PL OTHER: □ Nursing Home OF 28c. INJU	ACE OF DEATH (Che	PERF 1 VES	ORMED? 2 VNO	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: M	that initiated events reaulting in death) LAST DART II. Other significant conditions co	SPITAL: Inpatiant 2 - ER/Outp 28a, DATE OF INJURY	etient 3 DOA 28b. TIME INJU — At home, farm, sti	26. PL OTHER: \[\text{Nursing Home} \] OF \[\text{28c. INJU WO!} \] M \[\text{1 Y \text{VO!} \]	ACE OF DEATH (Che	PERF 1 YES ck only one) Character (Specify)	ORMED? 2 VNO V INJURY OCCU	JRED	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	that initiated events reaulting in death) LAST d	SPITAL: Inpatiant 2 ER/Outp 28a, DATE OF INJURY (Month, Day, Vear) 28a, PLACE DF INJURY building, etc. (Spec	atlent 3 DOA 28b. TIME INJU — At home, farm, et	26. PL OTHER: 6 Nursing Hom OF 28c. INJU WOI 1 Y eet, factory, offica	ACE OF DEATH (Che	PERF 1 YES 1 YES Ck only one) 8 Other (Specify) 28d. DESCRIBE HOV City or Town, Sta	ORMED? 2 VNO VINJURY OCCU pl and Number of	JRED A C C C C C C C C C C C C C C C C C C	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DART II. Other significant conditions co	SPITAL: Inpatiant 2 ER/Outp 28a, DATE OF INJURY (Month, Day, Vear) 28a, PLACE DF INJURY building, etc. (Spec	atlent 3 DOA 28b. TIME INJU — At home, farm, et	26. PL OTHER: 6 Nursing Hom OF 28c. INJU WOI 1 Y eet, factory, offica	ACE OF DEATH (Che	PERF 1 YES 1 YES Ck only one) 8 Other (Specify) 28d. DESCRIBE HOV City or Town, Sta	ORMED? 2 VNO VINJURY OCCU pl and Number of	JRED A C C C C C C C C C C C C C C C C C C	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	that initiated events reaulting in death) LAST d	SPITAL: Inpatiant 2 ER/Outp 28a, DATE OF INJURY (Month, Day, Vear) 28a, PLACE DF INJURY building, etc. (Spec	atlent 3 DOA 28b. TIME INJU — At home, farm, et	26. PL OTHER: 6 Nursing Hom OF 28c. INJU WOI 1 Y eet, factory, offica	ACE OF DEATH (Che	PERF 1 YES ck only one) 8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Street City or Town, State of the cause(a) and in time, data and place,	V INJURY OCCU	JRED V Rurel Rou 1. cause(s) a	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events reaulting in death) LAST DART II. Other algnificant conditions conditions conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Netural 5 Panding Investigation Investigation Investigation Accident Investigation Inv	SPITAL: Inpettant 2 - ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE DF INJURY building, etc. (Spec	adga, death occurred and/or investigation	26. PL OTHER: 5 Nursing Home OF 28c. INJI WOI 1 Y eet, factory, offica	ACE OF DEATH (Che 5	PERF 1 YES ck only one) 8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Street City or Town, State of the cause(a) and in time, data and place,	V INJURY OCCU	JRED V Rurel Rou 1. cause(s) a	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Ute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events reaulting in death) LAST DART II. Other algnificent conditions co	SPITAL: Inpettant 2 = ER/Outp 28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE DF INJURY building, etc. (Spec To the best of my know) the bests of examination	adga, death occurred and/or investigation	26. PL OTHER: 5 Nursing Home OF 28c. INJI WOI 1 Y eet, factory, offica at the time, deta: In my opinion, de	ACE OF DEATH (Che 5	PERF 1 YES 1 YES 28d. Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stree-City or Town, State) to the cause(a) and notime, data and place,	V INJURY OCCU Is and Number of tell and to the 29d. DATE:	JRED V Rural Rou 1. cause(s) a SiGNED (A	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Lite Number, and manner as stated, Month, Day, Year)
SICIAN: MEDICAL	that initiated events reaulting in death) LAST DART II. Other algnificant conditions conditions conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Netural 5 Panding Investigation Investigation Investigation Accident Investigation Inv	SPITAL: Inpettant 2 - ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE DF INJURY building, etc. (Spec	adga, death occurred and/or investigation	26. PL OTHER: 5 Nursing Home OF 28c. INJI WOI 1 Y eet, factory, offica at the time, deta: In my opinion, de	ACE OF DEATH (Che 5	PERF 1 YES 1 YES 28d. Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stree-City or Town, State) to the cause(a) and notime, data and place,	V INJURY OCCU Is and Number of tell and to the 29d. DATE:	JRED V Rural Rou 1. cause(s) a SiGNED (A	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO International Number of Num

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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	FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF HEALTH		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	4. W. LE	GG	E, SR	2. DATE MONTH	OF DEATH DAY	SEAR 3. TIME OF DEATH M		
	4. SOCIAL SECURITY NUMBER 213 28 9448	5. SEX 6. AGE (In)	rs. lest birthday) Phys.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	Month (Month	OF BIRTH J. Day, Year) -23-3/	8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOCATIO					
DIRECTOR	Loch Raven VA M	edical Center		BALTIMOR	E				
REC	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	MD 100, STREET AND NUMBER		В	altimore 101. ZIP CODE	-	I 10- 0	1 YES 2 NO		
ERA	1807 Prolas	- Grove St		101. 21P COOL	21216	lug. Ca	U. S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 YES		13. WAS DECENDENT O			14. RACE — American Indian, Black, White, atc.		
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 UYES 2 NO			spectly: Black		
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12)	CATION 16 Completed) College (1-4 or 5+)	Give kind of life. Do NOT u	USUAL OCCUPATION work done during most of working retired.)	16b.	KIND OF BUSINESS/III	Palo Co.		
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTE	HER'S NAME (First, A	Middle, Melden Surname,)		
TO BE	19a, INFORMANT'S NAME (Type/Print)	ht	19b. MAILING	ADDRESS (Street and Number	or Rural Route Numb	ber, City or Town, State, in	ZID Code) 141. Md 21216		
	20a. METHOD OF OISPOSITION 1 M Burlel 2 Cremetion 3 Flam	oval from State 256. P	LACE OF DUMPO	SITION (Name of cometery, crem	netory or + 1/4	20c, LOCATION	- City or Town, State		
	4 □ Donation 5 □ Other (Specify)	СЕРИЙ	90	22. HAME AND ADDRES	S OF FACILITY	1 WWII	195 171113,119		
	> Vhust	VII love 1	/_	Harch	F. H W	n bush	Que		
	23. PART I, Enter the disposes or shock or heart failure.	complications that caused t	he death. Do	not enter the mode of dy	ing, such as card	flac or respiratory	arrest, Approximate Interval Between		
	IMMEDIATE CAUSE (Mail disease or condition	Acres	= 4	DEFAIRA	TORIL	FALL	Onset and Death		
	reaulting in death	DUE TO (OR AS A C	ONSEQUENCE O	M: DI	70109	SEELIS	50415		
NO.	Sequentially list conditions, If any, leading to immediate b. MALI GN ANT PLEURAL EFFUSION 5-445 OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A C	UALL ONSEQUENCE O	CEXY Y	UNG (ANCE	R MONTHS		
CAL C	PART II. Other algnificant condition	ns contributing to death but	not resulting	In the underlying cause	given in Part I.	24a. WAS AN AUTOPS PERFORMED?	SY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC						1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?		
. M	***************************************						1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF D	DEATH (Check only or	10)			
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 % inpatient 2 - ER/Outpat	28b. TII			r (Specify) SCRIBE HOW INJURY (OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)		M 1 YES 2					
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — building, atc. (Specify		street, factory, office		ATION (Street and Number Town, State)	iber or Rural Route Number,		
COMPLETED	cond only	ICIAN: To the best of my knowled					stated. o the cause(s) and manner sa stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ex (11)		29c LIC	ENSE NUMBER	29d. D	DATE SIGNED (Month, Day, Year)		
10	36. NAME AND ADDRESS OF PERSON WI	HIS COMPLETED CAUSE OF DEAT	H (ITEM 27) (Typ	a Print) Parlo	BIV	BA	7 M.D.2/2/18		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE	JI MILLO	NAW	U VOTAC	1		
	DEC 0 3 1991	Julia Davidson	Rando po				OHMH-16 Rev 1/89		

THE MARTLAND 510 2:223



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020		TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept; of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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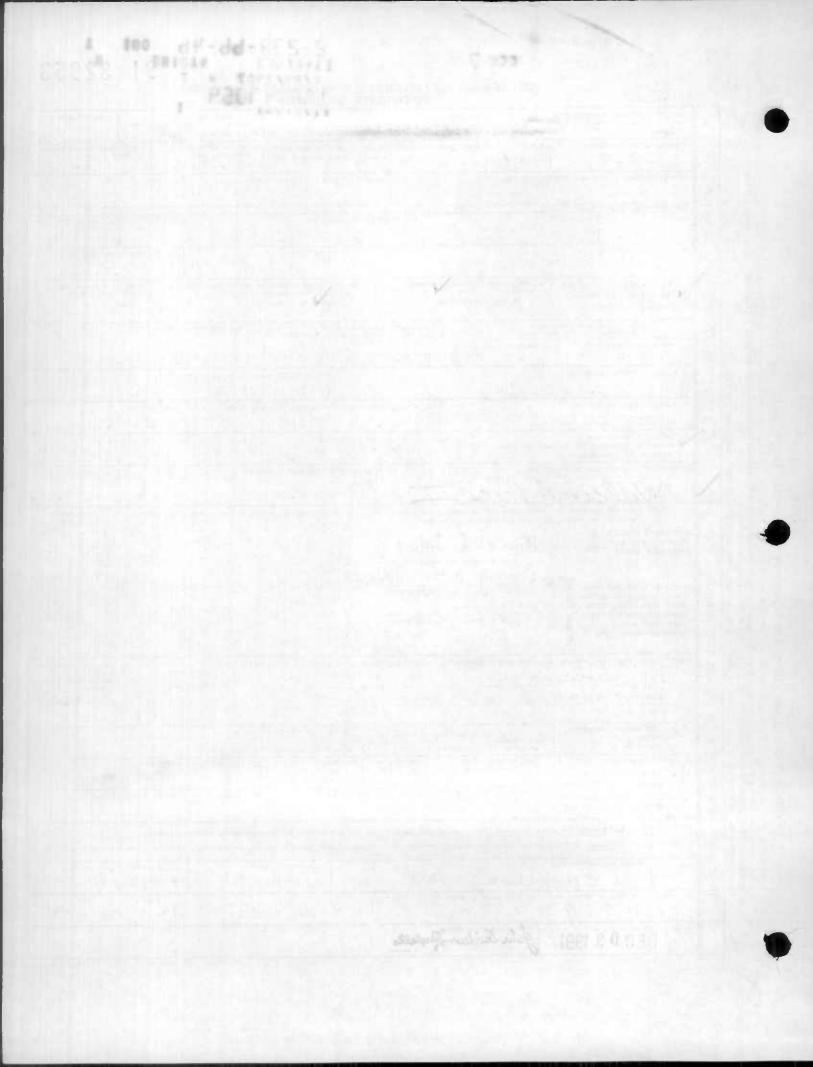
WILLIA	M. E. I		IF UNDER 1 YEAR	I		NOV.		991	0026A
	6. AGE (In yrs. I	last birthday)	JE HINDED 1 VEAD						
1 X M 2 F			MONTHS DAYS	HOURS I	ARIBI	7. OATE OF BI (Month, Day,	Year)	6. BIRTH Country	PLACE (State or Foreign
	79	YRS.	WORTHS DATE	noons	Metald?	JUL.29	9,1912	M	ARYLAND
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION						EATH	9c. CO	UNTY OF D	EATH
GOOD SAMARITAN HOSPITAL BALTIMORE, CITY									
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d									10d. INSIDE CITY
MD.					OBB	OTMV			LIMITS?
MD •									1 X YES 2 NO
			1 40 440 0 0		_				.S.A.
FORCES? 1	YES 2	NO	If yes, s	pacify Cubin	n, Mexice	n, Puerto Ricen,	ecity Yes or No— , etc.)	Bieck	— American Indian, t, White, etc.
DUCATION Ide completed)					a.	16b. KING	OF BUSINESS/II	NOUSTRY	
		life. Do NOT u	se retired.)	IUSE OF WORKE	9				
		SUP	PLIER			lst	t.NATI	ONAL	BANK
				18. MOTH	IER'S NA	ME (First, Middle	, Maiden Surname))	
				LO	UIS	E WRO	ΓEN		
		19b. MAILING	ADDRESS (Street	end Number	or Rural i	Route Number, Co	lty or Town, State, a	Zip Code)	
BY		3702	ELLER	SLIE	AV	E. BAI	TIMOR	E,MD	. 21218
amount team State	20b, PLA	CE ANO DAT	E OF DISPOSITIO			OATE			
moval from State	- MOR	ELAN	D MEM.	PARK	1	2/2/	BALTI	MORE	MD.21234
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD							AD 21212		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,									
			not enter the in	oue or uy	irg, soc	ii es cardiec	Di respiratory e	orrowt,	Approximete Interval Between
C -	1 1	01	L						Onset and Dea
9.	-								24 hrs
DUE TO (OR AS A CONSEQUENCE OF):									
Sequentielly list conditions, If env. leeding to immediate									
If eny, leeding to immediate cause, Enter UNDERLYING									
	OR AS A CONS	SEOUENCE C	OF):						+
d				-					
		1111	In the underlyl	ng cause	given in	Part I. 24e	. WAS AN AUTOPS PERFORMED?	Y 24b	WERE AUTOPSY FINDING AWAILABLE PRIDE TO
7 OF PR	LOSTAT	E				10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
OF B	LADDE	R							1 YES 2 NO
	ONGU	E							
			26.	PLACE OF D	EATH (C	heck only one)			
EXAMINER? HOSPITAL: OTHER:									
28a, OATE OI	F INJURY	28b. Til	ME OF 28c. II	JURY AT				OCCUREO	
	Day, Year)	IN			NO				
28e. PLACE		home, ferm,	street, factory, of	Ice		28f. LOCATIO	N (Street and Numi	ber or Rural I	Route Number,
	, etc. (Specify)					City or To	wn, Statej		
VSICIAN: To the best of	d my knowledge	doub see	and at the time of	to and nine	and de	a to the source	and manner	etelad	
									e) and manner so stated
		gettgett	on my opinion		1.8.1				
	I Made	7-0		29c. LIC	ENSE NU	MBER	29d. D		
Intern-Internal Medicine > 11-28								11-2	16-67
Dy. B. LANKACHANDRA, GOOD SANARITAN 17									
WHO COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Typ	e, Print)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		150:	BAIT	MAR	E MD
	DUCATION Inde completed) College (I-4 or 5 College	JIE AVE. 12. WAS DECEDENT EVER IN AS. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES DUCATION 16a. Completed) College (1-4 or 5+) Colleg	IZ. WAS DECEDENT EVER IN S. ARMED FORCES? 1 VES TO NO IF YES, GIVE WAR OR DATES DUCATION IN YES, GIVE WAR OR DATES DUCATION (Give ind of ind. Do Not	BA 10 12 WAS DECEDENT EVER IN S. ARMED 13. WAS DE 15 WAS DECEDENT'S USUAL OCCUPATION 160 completed) 16a. OECEDENT'S USUAL OCCUPATION 16b completed) 16b. DO NOT use retired.) SUPPLIER 17 WAS DECEDENT'S USUAL OCCUPATION 16b. DO NOT use retired.) SUPPLIER 17 WAS DECEDENT'S USUAL OCCUPATION 16b. DO NOT use retired.) SUPPLIER 17 WAS DECEDENT'S USUAL OCCUPATION 16b. DO NOT use retired.) SUPPLIER 17 WAS DECEDENT'S USUAL OCCUPATION 16b. DO NOT use retired.) SUPPLIER 17 WAS DECEDENT'S USUAL OCCUPATION 16b. DO NOT use retired.) SUPPLIER 17 WAS DECEDENT'S USUAL OCCUPATION 16b. DO NOT use retired.) SUPPLIER 17 WAS DECEDENT 17 WAS DECEDENT 17 WAS DECEDENT 17 WAS DECEDENT 17 WAS DECEDENT 18 WAS	BALTIM 101. ZIP CODE 112. WAS DECEDENT EVER IN US. ARMED PORCES? 11	BALTIMORE 101. ZIP CODE 112. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES TIND IT YES, applicitly Cuban, Maxica IT Yes, applici	BALTIMORE, CITY 101. ZIP CODE 112. WAS DECEDENT EVEN IN THE SAME OF PORCES? 113. WAS DECEDENT EVEN IN THE SAME OF PORCES? 114. WAS DECEDENT EVEN IN THE SAME OF PORCES? 115. WAS DECEDENT OF HISPANIC ORIGIN? (Signer Same Of Porces) 115. WAS DECEDENT OF HISPANIC ORIGIN? (Signer Same Of Porces) 115. WAS DECEDENT OF HISPANIC ORIGIN? (Signer Same Of Porces) 115. WAS DECENDENT OF HISPANIC ORIGIN? (Signer Same Of Porces) 115. WAS DECENDENT OF HISPANIC ORIGIN? (Signer Same Of Porces) 115. WAS DECENDENT OF HISPANIC ORIGIN? (Signer Same) 116. KING (Give kind of work doors during most of working life. Do NOT are retired.) 116. KING (Give kind of work doors during most of working life. Do NOT are retired.) 116. KING (Give kind of work doors during most of working life. Do NOT are retired.) 116. KING (Give kind of work doors during most of working life. Do NOT are retired.) 116. KING (Give kind of work doors during most of working life. Do NOT are retired.) 116. KING (Give kind of work doors during most of working life. Do NOT are retired.) 116. KING (Give kind of work doors during most of working life. Do NOT are retired.) 116. KING (Give kind of work doors during most of working life. Do NOT are are all the same of the working life. Do NOT are are all the same of the working life. Do NOT are are all the same of the working life. Do NOT are are all the same of the same o	BALTIMORE, CITY 107. ZIP CODE 109. CI ZIE AVE. 12. WAS DECEDENT EVER IN D.S. ARIMED PORCES? 1 VES VEN PORCES? IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANC ORGIGIN? (Specify Ve or No—If yes, sphelifs Cuban, Masticen, Pluerin Ricen, etc.) 14. MAS DECENDENT OF HISPANC CRIGIN? (Specify Ve or No—If yes, sphelifs Cuban, Masticen, Pluerin Ricen, etc.) 15. MAS DECENDENT OF HISPANC CRIGIN? (Specify Ve or No—If yes, sphelifs Cuban, Masticen, Pluerin Ricen, etc.) 16. DECEDENT'S USUAL OCCUPATION (Gibe kind of work done during most of working 16. DO NOT use retired.) 18. MOTHER'S NAME (First, Middlin, Makiden Summer 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Street, 370.2 ELLERSLIE AVE. BALTIMOR. 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Street, 370.2 ELLERSLIE AVE. BALTIMOR. 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Street, 370.2 ELLERSLIE AVE. BALTIMOR. 206. LICENSEE 120. MARE AND DATE OF DISPOSITION (Name of ACT) 121. MARE AND ADDRESS OF FACILITY 49.05 YOR! 122. ANAE AND ADDRESS OF FACILITY 49.05 YOR! 123. ANAE AND ADDRESS OF FACILITY 49.05 YOR! 124. WAS AN AUTORS 125. MOTHER'S NAME (First, Middlin, Makiden Summer 126. LICENSE 127. MARE AND ADDRESS OF FACILITY 49.05 YOR! 128. LIST OF PARK 12.7 AND STREET AND S	BALTIMORE, CITY 101. ZIP CODE 102. POPCES 11. WAS DECEDENT EVER IN IT. A PIMEO PYES, GIVE WAR OR DATES 11. WAS DECEDENT OF HISPAND ORIGIN? (Specify Yee or NO— If yee, specify Coben, Mancher, Puerfor Ricen, etc.) 12. WAS DECEDENT OF HISPAND ORIGIN? (Specify Yee or NO— If yee, specify Coben, Mancher, Puerfor Ricen, etc.) 146. RACE Specific College (1-4 or 5 +) 166. KINO OF BUSINESS/INOUSTRY (Specify Society) 166. KINO OF BUSINESS/INOUSTRY 167. NATIONAL 188. MOTHER'S NAME (First, Middle, Malcon Surmeme) LOUISE WROTEN 189. MAILING ADDRESS (Street end Number or Puril Routin Number, City or Town, State, Zip Code) 370.2 ELLERSLIE AVE. BALTIMORE, MD 370.2 ELLERSLIE AVE. BALTIMORE, MD WORELAND MEM. PARK 12/2/ BALTIMORE, MD 120. NAME AND ADDRESS OF FACILITY 490.5 YORK ROW HENRY W. JENKINS AND SONS.) 180. COMPIDICATION OF THE PROPERTY OF THE PUBLICATION OF THE PUBLICATI

848-21716 Septile Seech

00, BALIIMOKE, MARYLAND 21215-0020	within 2-w ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nage 5 should be depathed for use as the hunautranent nermit pages 1.9.3 each and	remation, or removal.	the medical examiner must be needled of conce	The modern exemple much be nothing at Olice.	The state of the s
DISTRICT OF VITAL RECORDS, F.C. BOX 88/80,	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or flem 23 shows any Injury or other fraumatic event the medical evantuary must be outsided as any		O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

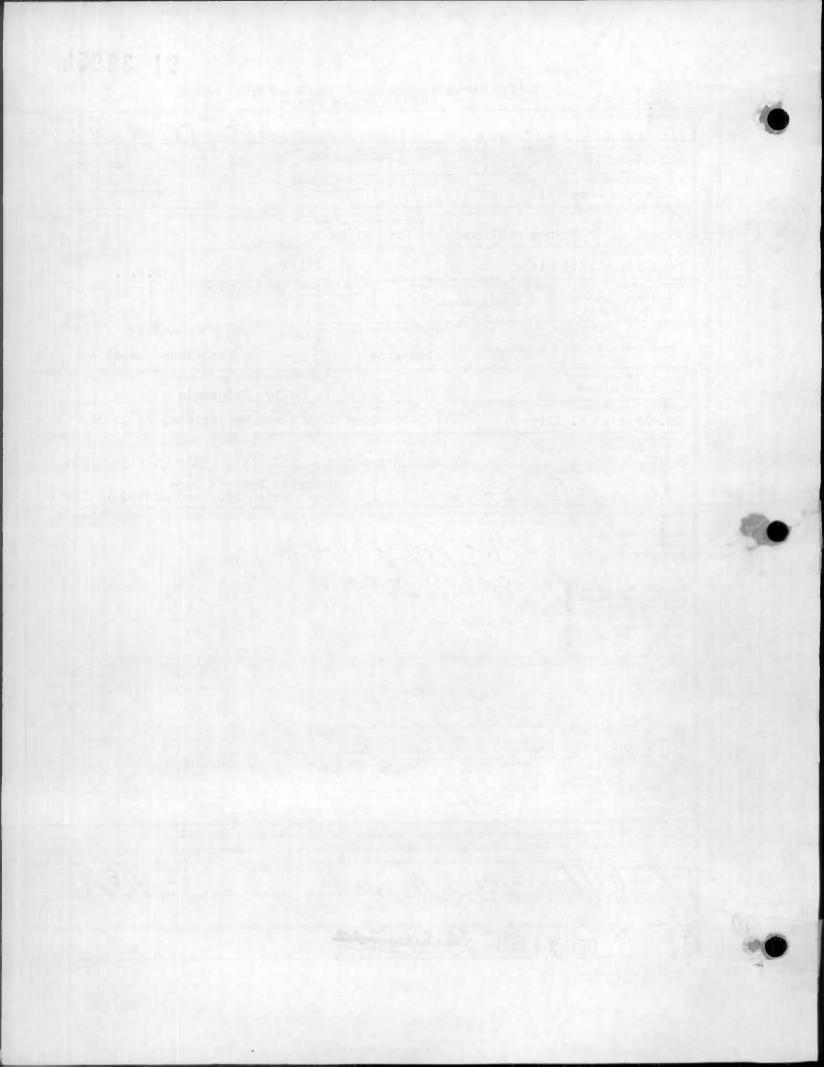
ecu 7	Lines NADING	32953
STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL HYGIENE	

	1 - STATE REGISTRAR	STATE OF I	WARYLAND / D CEF	DEPAF RTIF	RTMEN	T OF H	DEAT	AND I		REG. NO			
	1. DECEDENT'S NAME (First, Middle,	and the state of t	1000				111	2. 7. 10	2. DATE	OF DEATH			3. TIME OF DEATH
		NADII	NE HELOI	ISE	LA	NKFO	RD		NOVE			YEAR	07:00 a.m.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE C	OF BUDTH			LACE (State or Foreign
	216-03-9051	1 □ M 2 🔯 F	84	YRS.						. 29,	1907	ooonin'y/	MD.
or.	9e. FACILITY NAME (If not institution,	give street and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	EATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	THE JOHNS HOPK		L		BAI	LTIMO	RE C	CITY			BALTI	MORE	ECITY
3EC	10e. STATE 10b. Co			10c. CIT	Y, TOWN	OR LOCATI	ON		_			1	IOd. INSIDE CITY
	MD.				BA	LTIM	ORE	,CI	TY				LIMITS?
MA	100. STREET AND NUMBER					10f.	ZIP CODE				10g. CITIZE		IAT COUNTRY?
FUNERAL	101 NORTH BO	OND STREE	ľ					2	1231			U.	S.A.
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 NO	ED	13.	If yee, apo	gify Cube	n, Maxice	m, Puerto R	(Specify Yealcon, etc.)	or No- 1	Black, 1	American Indian, White, etc.
ED	15. DECEDENT'S	EDUCATION	18e. DECE	DENT'S	USUAL	OCCUPATIO	N		18b.	KIND OF BU	SINESS/INDU		
COMPLETED	(Specify only highest Elementery/Secondary (0-t2)	College (1-4 or 5	life Dr	kind of o NDT u	work done se retired.)	during mos	t of workin	g					
MPI	12		DEF	T.	OF	AUD	ITS		C	ITY (OF BA	LTI	MORE
00	17. FATHER'S NAME (First, Middle, Las						18. MOTE	HER'S NA	ME (First, M	iddle, Maiden	Surname)		
BE	WILLIE R. I								DRY				
2	190. INFORMANT'S NAME (Type/Print) BECKIE GALI										n, State, Zip C		
-	200. METHOD OF DISPOSITION	JOWAY				OND		EET					.21231
	1 Burlel 2 Cremetion 3 4 Oonetion 5 Other (Specify)		20b. PLACE AND cemetery, cremate LORRA	D DATE	ther place	SITION (Nan	ne of		DATE		CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE		DONKA	7 1 14					12/3	WOO	DLAW	N,I	MD. 21207
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 HENRY W. JENKINS AND SONS, BALTO. MI													
	23. PART I. Enter the diseases shock, or heart fall	Dr complicatione the	t ceused the death	h. Do r	not ente	r the mod	e of dyi	ng, eucl	h es cardi	ec or reepl	retory erres	it,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Myocar	11	irchi	m								oneet and Deeth
DUE TO (OR AS A CONSEQUENCE OF):													
NO	Sequentielly liet conditione,	La Coronar	OR AS A CONSEQUE		iseas	0							
CERTIFICATION	if eny, leeding to immediate ceuse. Enter UNDERLYING	002 100	JOH AS A CONSEGUE	ENCE O	r):								
FIG	CAUSE (Disease or injury that initiated avents	c. DUE TO	(OR AS A CONSEQUE	ENCE OF	F):								-
R	resulting in death) LAST	d.											
	PART II Other significant cons	litiana cantributi a-	4	4.4									
DICAL	PART II. Other significant cond		deeth but not rest	ulting	in the u	nderiying	ceuee g	iven in I	Part i. :	24a. WAS AN PERFOR			YERE AUTOPSY FINDINGS VAILABLE PRIOR TO
ш	Waltersia	1 5 (1) 104		-					_	1 YES 2	NO		OMPLETION OF CAUSE F DEATH?
Σ	haba tenster	1							_			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	A1											
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆		OTHE	R:			ock only one;				
Н	27. MANNER OF DEATH	28e. DATE OF		8b. TIM		28c. INJU		eldence	8 Other		JURY OCCUI	050	
	1 Natural 5 Pending	(Month, D	ay, Year)		URY	WDR		NO	200. DESC	HIBE NOW II	SONY OCCUI	(ED	
D BY	2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE O	F INJURY — At home,	, ferm, a	street, fec				28f. LOCAT	TIDN (Street e	nd Number or	Rural Rou	de Number
TED	4 Homicide determine		etc. (Specify)						City or	Town, State)		10.01	
PLE	290. CERTIFIER Check only	PHYSICIAN: To the best of	my knowledge, death	occum	d at the	lime date e	nd place	and due	to the cour	a(a) and man			
COMPLET	one) 2 MEDICAL EXA	MINER: On the basis of ex	emination end/or inve	atigatio	n, In my	opinion, des	nth occur	d at the t	lime, date e	nd place, en	due to the c	ouse(e) e	nd menner as stated
	296. SIGNATURE AND TITLE OF CERT							NSE NUM					
BE C	faul by	nuller	mo)			0.	ndi	21	6 11	▶ 11 I	28/	onth, Day, Yeer)
일	30. NAME AND ADDRESS OF PERSOI	WHO COMPLETED CAUS	E OF DEATH (ITEM 27	7) (Type,	Print)				7		11/	-0/	. /
	V . 1 C	nueller.	MO		Joh	ns Ho	pkins	Hos	pital	1-	Baltinoss	2, m	0 21265
	DEC 0 3 190	11 June De	H'S SIGNATURE	-00									



, BALTIMORE, MARYLANI	thin after death. Page 6 may be retained by the ho	y the funeral director, page 5 should be detach mation, or removal.	it, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY	/LAND / DEPAI	RTMENT OF I	IEALTH AND I	MENTAL HYGIE	NE	32334			
	REGISTRAR 1. OECEOENT'S NAME (First, Middle, Last)		ICATE OF		REG. N	0.	3. TIME OF DEATN			
	HNNETTE LITVACK						71 5:00P M			
	122-14-2631 1 D M 2 🕱 F	E (In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) May 12,	1922 6. BIRTINPLACE (State or Foreign Country) New York				
FOR	98. FACILITY NAME (If not institution, give street and number) Suburban Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN	esda	ATH	9c. COUNTY OF DEATH Montgomery				
DIRECTOR	10a. STATE 10b. COUNTY Virginia Prince William		ry, town on Local	TION			10d, INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	3412 Flint Hill Place	10	22192			N OF WNAT COUNTRY?				
ВУ	tt. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 NO	If yea, sp	ENDENT OF NISPAN ecify Cuban, Maxicai 2X NO Specify	NC ORIGIN? (Specify Yon, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, atc. Specify: Caucasian			
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEOENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON st of working	Field:	usiness/inous				
COMPL	t7. FATNER'S NAME (First, Middle, Last)	Dudeu								
BE C	Jack Schulman 190. INFORMANT'S NAME (Type/Print)			Mo11y	Feldste	in				
2	Mr. Abraham H. Litvack	3412	Flint H	ill Place	Noute Number, City or To	dge, VA	^{ocie)} 22192			
	1 Burial 2X Cremation 3 Removal from State	Ob. PLACE AND DATE	other place)				y or Town, Stata			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Potomac Crematory 12/2/91 Dale City, Virg							, viiginia			
	1/2/all D. Surtet	4	1331	8 Occoqua	an Rd. Wo	odbridg	ge, VA 22191			
	23. PART I. Enter the diseasea, or compilications that cause ahock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)	nzn/	FiL	de of dying, auch	as cardiac or rea	piratory arrea	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AI						RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL									
SC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 inputant 2 ER/O	4	OTHER:	ACE OF OEATN (Che						
HY	27. MANNER OF DEATH 288. DATE OF INJUR	Y 28b. TIN	E OF 28c. INJ	• 5 Raaldenca i	8 U Other (Specify) 26d, DESCRIBE NOW	INJURY OCCU	REO			
ВУ Р	1 Natural 5 Pending (Month, Day, Year Accident Investigation) IN.	JURY WO	RK? YES 2 NO						
9		RY — At home, farm, pecify)	atreet, factory, offic		28t. LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
COMPLET	29a: CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the beat of my known one)									
8	One) 2 MEDICAL EXAMINER: On the beals of examiner	non and/or investigation	on, in my opinion, d	eath occured at the t	lime, data and placa, a	nd dua to the	cause(a) and manner as stated.			
DE SIGNATURE AND ATTE OF CHITY FER A SECURIC SILV SICISIA 29c. LICENSE NUMBER 29d. DATE SIGNED (No.) 1/1/2 30. NAME AND ADDRESS OF THE WHO COMPLETED CAUSE OF DECEMPITED 27 (Type, Print)							128/9/			



1	-	DIVISION OF VITAL RECORDS, P.O. BOX 68	OF VI	LAL	RECO	ORD	S, P.O	BOX	9
8	THE COSPITAL	in the certificate be executed that the day requires that the death certificate be execu	PHYSICIAN:	The law	requires	that the	death cert	ficate be	DOBCE
2	THE FUMERAL	THE THE PRAL DIRECTOR: After this certificate has been signed by the attending physician and	this certifica	te has	been signe	ed by the	attending	physician	and

	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH							
	CHARLES W	·			MOII		11 2	25° 9	YEAR 4.	:52 AM
	215-18-6102 9e. FACILITY NAME (If not institution, give a	1 🔀 M 2 🗆 F	6. AGE (In yrs. last	YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 9 - 21 - 22	M	ary1	
TOR	NORTH ARUNDEL HO		SOCIATIO			VN OR LOCATION OF D	EATH	9c. COUNT		COUNTY
DIRECTOR		Arundel		10c. CITY,	TOWN OR LO	Pasaden:	a			d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 7869 Tick Necl	k Road			101. ZIP CODE 21122					tates
B⊀	11. MARITAL STATUS 1 Never Merried 2X Married 3 Widowed 4 Divorced	12. WAS DECEDENT	XYES 2 N	MED IO	If yes	DECENDENT OF HISPAI , specify Cuban, Mexica YES 2 XNO Specif	nn, Puerto Rican, etc.)	Yee or No - 1	4. RACE	American Indian
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION	16a. DEC (Gir life.	Do NOT use		most of working		BUSINESS/INDUS		
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Rudolph		Le Mo		catio		ME (First, Middle, Maid			nician tts
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. June Le Mo	oine	19b	. MAILING A		net and Number or Rural Neck Road	Route Number, City or	lown. State, Zip C	(ode)	21122
	20a, METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Remi		20b. PLACE A	ND DATE OF	OISPOSITION		DATE 20c	LOCATION CH	tu or Town	State
	21. SIGNATURE OF FUNERAL SERVICE-LIC	DENSEE /	102011	iia v c	MC (AND ADDRESS OF FA	neral Ho	me of	Pas	adena
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	213-32-4513	1 M 2 □ F	54	YRS.	MONTHS DAYS	HOURS M		(Month, Day, Year)	2/	S. BIRTN	PLACE (State or Foreign)
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TO B	19a. INFORMANT (Vipé/Print)	The S	m. 7/2 10	b. MAILING	ADDRESS (Street	ind Number or F	ural Route	Number, City or Tox	wn, State, Zip	Code)	2/2/2/2
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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	15 flam 28 is marked or item 23 shows one interest resemble event the median accompany to mark to matthew as an
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH TLBERTA MANGANA 7-13 30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or For 228 428 612 1 M 2 F 03-04 18 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINM HOSPITAL OF BALTIMORE BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? VA CITY NOEPENDENT VEW PORT 1 A WES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ST 1200 23607 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 700 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 (2 MO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. PRCES? 1 YES 2 YES, GIVE WAR OR DATES 1 Never Merried 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) HOME MAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AUSTIN AMANDA PANNIFLL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 9 5016 DENVIEW WAY BALTO MRWILLIAM MANGANA 20e. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) DATE 12-8 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State BELLE WILLE PORTSMOUTH VA GEM 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY VOSEPH LE RUSS F. 14 Voseph L. Russ Z222 W. NOREH AVE BALTO MO 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cerdiac or reepiratory arrest, Approximate intervel Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Oneet and Death disease or condition SEPTIC ittock recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): CELLULITIS CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING ALMANULOCYTOSIS CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): LYAPHOMA (NON HOSEKINS) resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER-OF DEATH 28a. DATE OF INJURY 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcida ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se steted. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. CHATURE AND TITLE OF CERTIFIER IMPORT BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11-30-011 114 MEDICAL LESIDENT S/NAI REJOENT 2 30. MANY AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THEH BRODIE 6062 C GREEN MENDON PKWY, BALTIMORE AD21209

32 REGISTRAD'S SIGNATURE
GUNA DAVIDSON-Randelle

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1 PAY 3. TIME OF DEATH 06:36 AM JOHN -5 MCCREADY 9 TEAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 221 05 0156 1 1 1 2 F DAYS MARYLAND YRS 11-12-21 bunal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not insti 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE DIRECTOR A.A. COUNTY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL MARYLAND BURNUF 1 LYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? NCOL 21060 U.S. A the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 PTES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 THO BY Specify the 3 Widowed 4 Divorced BLACK ED page 5 should be detached for use as 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the Do NOT use retired.) (Specify only highest gr 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondery (0-12) be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) MCCREADY EMMIT 24 mours after death. Page 6 may be retained by NONNSON 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 ERA AI DRIVE GLENBURNIS A.A. CO MO 21060 ISSTINE INCOL 20e. METHOD OF DISPOSITION

1 Suriat 2 Cremation 3 Rem

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 11-30 9/ 20c. LOCATION — City or examiner must filled in by the funeral director, on, or removal. conetery, cremetory or other place) ENBURNIE MO 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2222-2 Sol the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory prest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwean IMMEDIATE CAUSE (Final Onset and Daath cremation, diseasa or condition resulting in death) Gastic Coromone and completely ic event. DUE TO (OR AS A CONSEQUENCE OF): buriat, al other traumatic -64 CERTIFICATION Sequantially list conditions, en signed by the attending physician a of Health and Mental Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING ner Caler CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evanta resulting in death) LAST 6 shows any Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO this certificate has been PHYSICIAN: the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL Item ; 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 TO THE HUNERAL DIRECTOR: After this cerve be filed within 72 hours after death with thy and PRIANT: If item 28 is marked, 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 4 Homicide 29e. CERTIFIER TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Jose 11 2 MAYER GORBATY 6 COMPLETED CAUSE OF DEATH (IYEM 27) (Type, Print)
D./95 AQUAHART ROAD, SUITE 203/GLEN BURNIE, MARYLAND 21061 31. DATE FILED (Month, Dey, Year)
DEC 0 3 1991 32 REGISTIAN'S SIGNATURE June Danda 12

Maringus Acres Marines Ste lineary Canal 8 . 2 . 50 Tan is 1:23= King & Shanner Ledmin Williams LEADERSHIP AF CREEKS BY STO LINES WILLIAM CONTRACTOR WITH A CONTRACTOR Fire Care Till Generally Ma

FOR STATE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 mounts filled within 72 hours after death with the State Oper, of Health and Mental Hygiene prior to burial, cremation, or removal.
sician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1 has the bunat, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF C	EATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) ELZIE	(ELZIE)	MULL	INS		2. DATE O	F DEATH DAY	1991	3. TIME OF DEATH 5:23 P
4. SOCIAL SECURITY NUMBER 214-26-2914				F UNDER 24 HRS.	7. DATE Of (Month)	Day, Year)	8. BIRTI Count	
9e. FACILITY NAME (If not institution, give stre			b. CITY, TOWN OR	OCATION OF D		-1931	OUNTY OF E	MD
1833 EAST 29	th STREET			MORE		30.0	OUNT OF E	CAIR
10e. STATE 10b. COUNTY			OWN OR LOCATION	1				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			10f. Z	P CODE		10g.	CITIZEN OF	WHAT COUNTRY?
1833 E. 29TH STREE				218			U.S.A	4.
11. MARITAL STATUS 1 X Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EVER IN U FORCES? 1 [X] YES IF YES, GIVE WAR OR DATE	2 NO	It yee, speci	DENT OF HISPAI y Cuben, Maxica X NO Specif	n, Puerlo Ric	(Specify Yee or No- cen, atc.)	14. RACI Blac Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 1.	8e. DECEDENT'S US	UAL OCCUPATION done during most of	f working	18b. K	(IND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12) 12TH	College (1-4 or 5 +)	ille. Do NOT use n	etired.)	, working	REL	IABLE LI	QUORS	
17. FATHER'S NAME (First, Middle, Last) LEORY MULLINS				GRACE K		ddle, Malden Surnam	9)	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD				, City or Town, State,	Zip Code)	
ALVERIE HARRIS		813 E.	22ND ST	REET/BA	ALTIMO	RE, MD 2	21218	
20 METHOD OF DISPOSITION 1 W Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify)		LACE AND DATE OF C	ISPOSITION (Name	of	DATE	20c. LOCATION OWINGS	- City or To	wn, Stata S, MD
21. SIGNATURE OF FUNERAL SERVICE LIGHT	NSEE		MM C M			01 E. NO	РТН Д	VENILE
diseeee or condition recuiting in deeth) Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	DINSEQUENCE OF):	Chro	lovps	mi	on Di	5 6 70 50	
PART II. Other significant conditions	contributing to deeth but	not resulting in t	he underlying c	use given in	_	4a. WAS AN AUTOPS PERFORMED? YES 2 NO		. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Ch	eck only one)			
1 X XES 2 NO	☐ Inpatient 2 ☐ ER/Outpatie	ent 3 🗆 DOA 4	THER: Nursing Homa	X Rasidence	8 Other (S	Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK		28d. DESCF	RIBE HOW INJURY	OCCURED	
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, tarm, atree	it, tectory, office		281. LOCATI City or	ON (Street and Num Town, State)	ber or Rural F	loute Number,
	AN: To the best of my knowleds) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1/ 14			c. LICENSE NUN				(Month, Day, Year)
mayure he	fall an	1		OCM	E	▶1	1 :	28 1991
MANYONED A.	60 por 111	I PENN	STREET	BAL	TIMOR	RE, MARY	LAND	21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	IRE C. K.	Budget					

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DHMH-16 Rev 1/89

DEC 5 DED STATEMENT OF

OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lesi)	2. DATE OF DEATH MONTH DAY Y	3. TIME OF DEATH
JOHN W. MCNAIR	NOV. 27,1991	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. $017-01-9222$ 1X M 2 \square F 85 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country) CALIFORNIA
96. FACILITY NAME (If not institution, give street and number) MERCY MEDICAL CENTER BALTIMO RESIDENCE OF DECEDENT	RE, CITY	OF DEATH
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	DE OTMV	10d. INSIDE CITY LIMITS? XN YES 2 NO
MD • BALTIMO		N OF WHAT COUNTRY?
200 EAST MONTGOMERY STREET 2	1230 t	J.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN S. ARMED FORCES? 1 YES 2 NO 1	can, Puerlo Rican, etc.)	. RACE — American Indian, Black, White, atc. Specify WHITE.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUS	TRY
Elementary/Secondary (0-12) College (1-4 or 5 +) Ifte. Do NOT use retired.) 1 2 4 ENGINEER	BUSINESS MA	NAGEMENT
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S P	IAME (First, Middle, Malden Surname)	
DAVID F. MCNAIR	E BECKER	
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Runt		^{ode)} 21230
MARY ELIZABETH MCNAIR 200 EAST MONTGOM	ERY STREET. BA	LTO, MD.
20e. METHOD OF DISPOSITION 1	OATE 20c. LOCATION — CIT	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF	FACILITY 4905 YORK	ROAD 21212
Galand M. J. HENRY W. J	ENKINS AND SON	S. BALTO, MI
disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):	20701	5 2000
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given		24b. WERE AUTOPSY FINDIN
CENTISONANCE ARE DEST WITH HEM. PL DEMENTIA MULTI INFARET	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCURATE CONTROL OF DEATH (Check only one)	1
The standard of the standard o	e 8 Other (Specify)	
27. MANNER OF GEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 VES 2 NO	28d. OESCRIBE HOW INJURY OCCU	REO
3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end of my knowledge, death occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occurred at the time, date and place, end occur		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE N	UMBER 29d. DATE 5 → //	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
CHARLES O'DONOVAN III M.D. 9 EAST CHASE	ST. BALTIMOR	E, MD. 21202
31. DATE FILED (Month, Day, Yape) 32. REGISTRAR'S SIGNATURE DE (1) 3 1001 Fine Davidson-Rondells		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	Pag	
DEFINE OF ALLENDING PHYSICIAN: THE LAW FEQUITES THAT THE GEATH CENTIFICATE DEFINED WITHIN 24 HOURS ATTER GEATH, PAGE 6 May be retained by the hospital or attending physician.	THE UNEXTHE ARE INSTRUCTED BY THE ACT OF HEALTH AND MENTAL HYGIENE PRIOR TO BUILD COMPILE IN THE FUNDING INTERNAL THAN THE FORM TO THE PRIOR OF THE BUILD FOR USE AS THE BUILD-TRANSIT PERMIT, PAGE WAS ASSETTED BY THE STATE DEPT. OF HEALTH AND MENTAL HYGIENE PRIOR TO BUILD COMPILED BY COMPANIENT OF PERMITS AND ASSETTED BY THE BUIL	and the library of the control for the state of a state of the state o
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	for Item: 4 per 1 - STATE REGISTRAR	STATE OF N	IARYLAND / DE	PARTME	NT OF I	HEALTH AND	MENT	AL HYGIENE REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH
	3 A C IT	w.	MILLER	,			MDN	TH DAT		EAR	2:15 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birt	77	ER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	8.	BIRTI	HPLACE (State or Foreign
	217-26 -5681 -	1 M 2 F	60 Y	'RS. MONTH	DAYS	HOURS MIN.		/07/31		Count	(TY)
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CI	TY, TOWN	OR LOCATION OF		701731	9c. COUNT		ryland DEATH
DIRECTOR	Harbor Hospital Center Balitmore City Balitmore									ore	
E C	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
PHO	Maryland Baltimore Baltimore Highlands										LIMITS?
7	10e. STREET AND NUMBER	101, ZIP					nas		10a CITIZEI	N OF A	1 ☐ YES 2 ☑ NO WHAT COUNTRY?
ER	4120 Oak Road					2100	-				mai coomini;
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. ARMED	1	3. WAS DEC	2122 CENDENT OF HISPA		IN? (Specify Year		SA	E — American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, sp	ecify Cuban, Maxie	can, Puarto	Rican, etc.)		Bleck	k, White, etc.
84	3 Widowed 4 Divorced					X NO Spec	iny			Spec	white
ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. DECEDI	ENT'S USUAL	OCCUPATI	ON	-16	b, KIND OF BUSI	INESS/INDUS	TRY	WILLCE
LET	Elementary/Secondary (0-12)	College (1-4 or 5+	Ide Do I	VOT use retired	()	osi or working					
MP	0-6		- pair	iter				const	ructio	nn.	
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Malden S		711	
BE	William Miller					Hel	en M	Beare	C		
TOE	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRE	SS (Street a	and Number or Rura	Route Nur	nber, City or Town,	State, Zip Co	ide)	
-	Marlene Kolbe Mi	ller		120 0	ak Ro	oad Bal	timo	re Mar	brefy	21	227
	20a. METHOD OF DISPOSITION 1 [XBurlat 2] Cremation 3] Ramo	wel from State	20b PLACE AND I	ATE OF DISP	SITION /A	ame of	0.0	TE 200 100	ATION ON		- C1-1-
	4 Oonation 5 Other (Specify)	Wall from State	metery, cremetor udon	Park	emet	erv 12	104/9	91 Bal	itmore	2 _	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE) (2	2. NAME A	ND ADDRESS OF F	ACILITY			-1	raryrana
	1 6	A _	1		Ambr	ose Fun	eral	Home, I	nc.		
	23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, Approximately and the death of the diseases.										
1	anock, or neart failure. C	lat only one cau	se on each line,	Do not ent	er the mo	ide of dying, au	ch as car	rdiac or respin	atory arrea	,	Approximate interval Between
4	MMEDIATE CAUSE (Final disease or condition										Onaet and Death
	reaulting in death)	ADENE	CARCINO OR AS A CONSEQUEN	MA	96	nhuher	NN	PRIMA	Ry.		
		M ~	OR AS A CONSEQUEN	CE OF):					,		
CERTIFICATION	Sequentially list conditions,	DUE TO	D G O E N O	C C I I	ALC	PATH	1				
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띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUEN	CE OFI:					-		
E	resulting in death) LAST										
CE											_
AL	PART II. Other aignificant conditions				ınderlyin	g cauae given ir	Pert i.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS
EDIC	PERICARD!							1 YES 2	,,,,		AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME	PLEURAL	EFF	USION						9.10		OF DEATH?
											TEG 2 By NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEATH (C	heck only o	ine)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetlant 3 D	OA 4 I N	R:	e 5 🗆 Realdenca					
Ŧ	27. MANNEW OF DEATH	28a. DATE OF	NJURY 28t	. TIME OF	28c. INJ		1	SCRIBE HOW IN.	JURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending	(Month, Da	y, Year)	INJURY		PK?					
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	INJURY At home, for	erm, straat, fa			28f, LO	CATION (Street an	d Number or i	Rumi A	Proute Number
	4 Homicide detarmined	building, e	itc. (Specify)				City	or Town, State)		101011	Total Harrison,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	me knowledge of the								
MP	(Check only one) 1 CERTIFYING PHYSIC (Check only one)	: On the heals of av	mination and/or law-	toution !	time, data	and place, and du	n to the ca	use(a) and mann	er as stated.		
8	2 MEDICAL EXAMINER			yation, in my	opinion, d	earn occured at the	e time, dat	a and placa, and	dua to the ca	use(a) and manner as stated,
8	296. SIGNATURE AND TIFLE OF CERTIFIER	0.	0			29c. LICENSE NU					(Month, Day, Year)
5	the state		D.			0411	323		► 12·	- 2	-91.
	30. NAME AND ADDRESS OF PERSON WHO										
	DANIEL H.	SOSSER	Salan	1+. C	4						
	31. DE LEON 3. 01991 3	Was barres	SHOUNTE								A HILLIAM
	DEO.										

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		ARTMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	
1000	1. DECEMENTS NAME (1951, Middle Lint)	llen Me Fac	27	11 26 9	EAR 8:15 A.M
	577-34-2227 Bis. FACILITY NAME (If not institution, gare	S. SEX 8. AGE (IV yes, feet defined 1 25 to 2 2 7 7 7 Yes	satisatives there sociones with	(Morrin, Day Hear) 8/3/2(BITTHPLACE (State or Foreign Charley)
	11550 Stewart	Lane, Apt 305	Silver Spin	7, Mel Mon	gonery
-	10s. STREET AND NUMBER	Y	CITY, TOWN OR LOCATION		SON, INSUDE CITY LIMITE? 1 (∑ YES 2 □ NO N OF WHAT COUNTRY?
	576 2ml	12. WAS DECEDENT EVER IN U.S. ARMED	200 I		L. RACE — American Indian.
	1 Never Married 2 Married 3 Wildowed 4 Olvorced	FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxican 1 YES 2 NO Specify	n, Puarto Rican, atc.)	Black, Whita, etc. Specify: Back
	15. DECEDENT'S EDI (Specify only highest grad Elamentery/Secondary (0-12)	le completed) (Give kind	IT'S USUAL OCCUPATION of work done during most of working use retired.	186. KIND OF BUSINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last)	- McEaddy,	Sr. Imm		
2	19a. INFORMANT'S NAME (Type/Print) Chary (Kell) 20a. METHOD OF DISPOSITION	ey 114	ING ADDRESS (Street and Number or Rural F	11 11 000	pring, and
	1 Sevial 2 Cremation 3 Ref 4 Donetion 5 Other (Specify)	noval from State other place)	V memorial	SUITELA	ND, MD
	· Juan	Smil	3030-12 TH.	RHINES ST.	20017
		complications that caused the death. E. List only one cause on each line.	. 0	a a cardiac or reapiratory arres	t, Approximate Interval Between Onaet and Death
A CHILLIAN IN THE STATE OF THE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF THE TOTAL OF	ereas with	netastasis to	liser
	PART II. Other significant condition	one contributing to death but not resulti	ng in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO	26, PLACE OF DEATH (Chi		
10	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCU	
1.1.0	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At home, fail building, atc. (Specify)	rm, street, factory, office	281. LOCATION (Street and Number or City or Town, State)	r Rural Route Number,
LINDS	MEDICAL EXAMIN	SICIAN: To the best of my knowledge and occurrence of the basis of axamination and arminetic of the basis of axamination and arminetic of the basis of axamination and arminetic of the basis of the bas			
2	206. SIGNATURE AND TITLE OF CERTIFI	e Desgettetu	29c. LICENSE NUM 0//8	35 D.C. ≥ //	SIGNED (Month, Day, Year)
	Frank B. D	OCOPETY (I'S SIGNATION	D, 1309-B	hode Isla	ad the N.E.
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE			

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ear. TO THE FUNERAL DIRECTOR: After this certificate be seen signed by the attending physician at the content of t

	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT	OF H	EALTH DEA	AND	MENT	TAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)	VE MI							MO	TE OF DEATH	DAY 28	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-07-4853	1 M 2 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1	YEAR DAYS	#F UNDER	MIN.		TE OF BIRTH onth, Day, Year)	09	Countr	IPLACE (State or Foreign Y) CEECE
TOR	9a. FACILITY NAME (If not institution, give street and number) Johns Hopkins Geriatric Center Baltimore City									EATH			
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland – Baltimore City											10d. INSIDE CITY LIMITS?	
FUNERAL	10a. STREET AND NUMBER 925 S. Oldham Str	reet		1300	. OIMOI	-	. ZIP COD						1 YES 2 NO
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.S. ARMED 10. WAS DECEDENT EVER IN U.S. ARMED 11. WAS DECEDENT EVER IN U.S. ARMED 11. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.S. ARMED 1						NAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- f yee, specify Cuban, Maxican, Puarto Ricen, etc.) YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, atc. Specify: Specify: White				, Whita, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	tve kind of w Do NOT us	usual occ ork done du o retired.) Sewif	ring mo	ON st of workin	ng	1	66. KIND OF BU	JSINESS/IND	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank Manolanga	s					H	arri	iet	t, Middle, Maider			
5	196. INFORMANT'S NAME (Type/Print) John Micklos 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 734 Sue Grove Road, Baltimore, Md. 21221										1		
	20b. PLACE AND DATE DISPOSITION 1 Grant 2 Cremetion 3 Removat from State 4 Donellon S Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cremetery form) 20c. Location — City or Town, State 12-2 Baltimore, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LIC	Fatth	eus)	Ma 30:	tth 21	ews East	ss of fa Fune ern	eral Ave	Home			d. 21224
	23. PART I. Entar the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a	e on each iline	Sil	ot enter th	a mod	de of dyi	ng, sucl	h ss ca	ardiac or resp	iratory arr	ast,	Approximata interval Batwean Onset snd Dasth
CERTIFICATION	Sequentially list conditions, (f sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3	DOA	OTHER:		ACE OF DE			one) her (Specily)			
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY	28b. TIME INJU	OF 20	c. INJU	JRY AT			EŞCRIBE HOW	INJURY OCC	CURED	
<u>a</u>	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, streat, factory, office City or Town, State)												
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINEI	CIAN: To the best of m	y knowledga, dea nination and/or is	th occurred	at the time	, date o	end placa,	and due	to the c	euse(s) end ma ta end piece, er	nner ae atat	ed. e ceuse(e)	end manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- m	0				D C	143	3 8	3)	1/2!	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	2 n 0 S	OF DEATH (ITEM	27) (Type, I	Print)	7.	ohn:	1/0	yop	ma B	Coan	arr	ancle

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CIAN: 1	ertificate has	the State De	or item 23
HYSICIAN: 1	nis certificate has	with the State Del	ced, or item 23
G PHYSICIAN: 1	ter this certificate has	ath with the State Del	narked, or item 23 show
NDING PHYSICIAN: 1	: After this certificate has	r death with the State Del	is marked, or item 23
TTENDING PHYSICIAN: 1	TOR: After this certificate has	after death with the State Del	28 is marked, or item 23
OR ATTENDING PHYSICIAN: 1	MRECTOR: After this certificate has	ours after death with the State Del	em 28 is marked, or item 23
AL OR ATTENDING PHYSICIAN: 1	AL DIRECTOR: After this certificate has	72 hours after death with the State Del	if Item 28 is marked, or item 23
SPITAL OR ATTENDING PHYSICIAN: 1	NERAL DIRECTOR: After this certificate has	hin 72 hours after death with the State Del	NT: if Item 28 is marked, or Item 23
HOSPITAL OR ATTENDING PHYSICIAN: 1	FUNERAL DIRECTOR: After this certificate has	within 72 hours after death with the State Del	TTANT: if Item 28 is marked, or item 23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			F HEALTH A		ENTAL HYGIEN	E	
- 1	1, OECEOENT'S NAME (First, Middle, Last)		OLITTI	TOATE) DEATI		2. DATE OF DEATH		3. TIME OF DEATH
	43 - ()	and the con-	1+:0				MONTH DA	_	A / O I D
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In)	rrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24	une 7	7. DATE OF BIRTH	9 9	RTHPLACE (State or Foreign
	011-01-61621	□M28F 84	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year)	07 W	uke co. N.
~	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TO	WN OR LOCATION	OF DEAT	Н	9c. COUNTY C	OF OEATH
201	RESIDENCE OF DECEDENT	19 Home		Sax	dy 5	Pri	ng Md.	Mon	toomery
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MON	tgomer	10c. CIT	Say	1 -	25	ing		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	17310 QUAR		C-6		101/ZIP COOE	8/2	1		C. S. A.
S	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U	S. ARMED				ORIGIN? (Specify Year	or No 14. F	ACE - American Indian.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			s, specify Cuban, YES 2 NO		Puerto Rican, etc.)		Black, White, atc.
ETED	15. DECEDENT'S EOUCAT (Specify only highest grade con		Sa. DECEDENT'S	Work done during	PATION g most of working		16b. KIND OF BUS	SINESS/INDUSTR	17
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	TEAC				E	DUCATIO	N
COMPL	17. FATHER'S NAME (First, Middle, Last)		ILAO.	LILITO	16. MOTHE	R'S NAME	(First, Middle, Maiden		
BE C	CAREY MAYNARD					RTHA			
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
F	JAMES B. MATTISON SAME AS # 10								
	20a. METHOD OF DISPOSITION 1				cremetery, cremated CREMATO			EXANDRI	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22 NA	E AND ADDRESS	OF FACIL	ER FUNERA	I HOME	20882
	muy iel	X1-13a	uho,				TILLE ROAL		ONSVILLE, MD.
16-21	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition	polications that caused to only one cause on each action of the cause on each action of the cause on each action of the cause of the ca	la II-a-						Approximate interval Between Onset and Death
12	resulting in death) s	DUE TO (OR AS A C	ONSEQUENCE C	P) / 2	Lui	W	Pulmon	an En	docing.
25	Sequantially list conditions,	hupocorde	ial c	July an	ran			/	
RTIFICATION	If sny, leading to immediata cause. Enter UNDERLYING	Lacture	ONSEQUENCE O	OFFI:	she	al	Confus	ement	- lucedo
S. Y	CAUSE (Diseasa or injury that initiated events	DUE TO (OR AS A C		Fi. a					
E	resulting in deeth) LAST	Dewente	a	1 no	znesse	ul			hondhis
18	PART II. Other algnificant conditions of	contributing to death but	not resulting	in the under	lulaa causa ah	ven in P	net I 240 WAS AN	AUTOBEV	24b. WERE AUTOPSY FINDINGS
NS.	Hup other word	d Sty	pork	lusic	Tyling Cuddo gi	VOICE 111 1 1	PERFOR	IMEO?	AVAILABLE PRIDE TO COMPLETION DF CAUSE
PHYSICIAN: MEDICA	Hypothy nou	tes Bile	W.	Hip	Push	rase	1 TYES 2	NO	OF DEATH?
Σ	-0.20						_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	-			8. PLACE OF OE	ATH (Chec	k only one)		
201	EXAMINER?	IOSPITAL:	lent 3 🗆 DOA	OTHER:			Other (Specify)		
K	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. Til	WE OF 26	. INJURY AT	-	28d. DESCRIBE HOW I	NJURY OCCURE	0
BYE	1 Natural 5 Pending investigation	(Month, Day, Year)	IN	JURY M 1	WORK?	NO			
ED B	3 Suicida 8 Could not be	28a. PLACE OF INJURY — building, atc. (Specify	At homa, farm,	atreet, factory,	offica	2	281. LOCATION (Street : City or Town, State)		ural Floute Number,
III-92	4 Homicide detarmined								
COMPL	onel	N: To the best of my knowled On the basis of exemination a							use(a) and mannar as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN	SE NUMB	ER	29d. DATE SIG	NED (Month, Day, Year)
BE	Oures / Caull	ssus			102	54	10	D 11/	29/91.
53	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Typ	e, Print)		50	1	-	20 10

1991 Julia Davidson-Randalls

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DIVISION OF VITAL RECORDS, P.O.	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
VISION	ATTENDING
5	OR
7	HOSPITAL
	4

	1 - STATE REGISTRAR		STATE OF I	/ MARYLAND / Ce	DEPAI ERTIF	TOAT	T OF H E OF	DEAT	AND I		HYGIEN			
	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF MONTH	DEATH	AV	WEAR	3. TIME OF DEATH
	Tohn A.									1 1	-		91	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF			8. BIRTH Count	IPLACE (State or Foreign
		246 18 05 /6 XX ** 2 /8 YRS.							6	20	13		Ñ.C.	
OR	9a. FACILITY NAME (# not in Francis	Sco	tt Key			9b. CIT		elti				9c. COU	NTY OF D	EATH
5	RESIDENCE OF DEC	10b. COUN	**											
DIRECTOR	10a. STATE Md.		rne		Stat	ion					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 413 Maple Lane							2122						WHAT COUNTRY?
2	413 Ma	bre	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13				IIC ORIGIN? (S			USA	
B	1 Never Married 2 3 Divo		FORCES? F	XYES 2 N	10		It yes, sp	ecify Cuba	n, Maxicar	n, Puarto Rica	n, atc.)	or No-	Speci	E — American Indian, k, White, etc. Hy: A C K
COMPLETED	15. DEC (Specify onl Elementary/Secondary (C	EDENT'S EDI y highest grad	UCATION	16a. DE:	ve kind of Do NOT u	work done se retired.)	during mo	ON st of workin	ng			siness/ind		teel
E COM	17. FATHER'S NAME (First, M Unk	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAM						ME (First, Middo ta Mc	Naiden	Surname)				
10 8	198. INFORMANT'S NAME (Type/Print) Maria Turner 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 413 Maple Lane Balto., Md. 21222								2					
	20a. METHOD OF DISPOSITION X.M. Edurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Crownsville, Md.													
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
			I. Mor	ton		- 4	Jame	s A	. Mo	orton			0 .	Md. 212
CENTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequantially list condition and the cause. Enter UNDERLY! CAUSE (Disease or injut that initiated avents	ona, dilata	b	(OR AS A CONSEC	PUENCE O	F):								Interval Batwee
MEDICAL OLA	PART II. Other algoritica		d	death but not re	esulting	In the ur	nderlying	cause g	Ivan in f		. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
											123 2			DF DEATH? 1 YES 2 ND
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 ND	MEDICAL	HOSPITAL:	EDIO.		OTHER	₹:			ck only one)				
	27. MANNER OF DEATH		28a. DATE OF		28b. TIM		28c. INJI		sidenca (6 Other (Sp		1 11 100 1 0 0 0		
		Pending nvestigation	(Month, Da	ly, Ybar)	INJ	URY M	1 Y	ES 2	NO	28d. DEŞCRI	BE HOM IN	JURY OCC	URED	
		Could not be latermined	28a. PLACE Of building, a	FINJURY — At hon ntc. (Specify)	ne, farm, s	street, fact	ory, office			281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural R	oute Number,
			ICIAN: To the best of ax											and manner as stated.
- 11	29b. SIGNATURE AND TITLE								NSE NUMI					
	126	-	105					THA	50	2112		DATE	11/2	(Month, Day, Year)
1	30. NAME AND ADDRESS OF	nes.	-D45 11	E OF DEATH (ITEM	- /1	1	1. W	elfe q	- 1	There III	5	3. Ohm	1 6	21209
	31. DATE FILED (Month, Day,		32 AEGISTRAS	S SIGNATURE	dell									

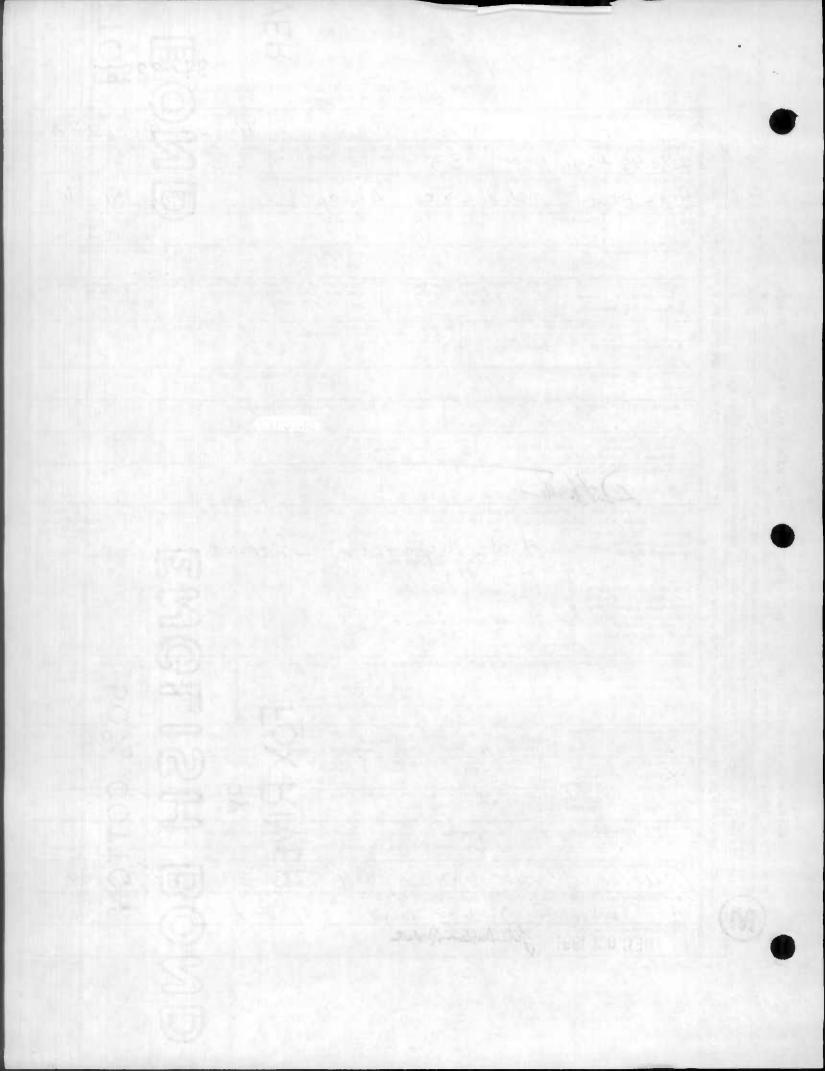
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: Atter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be included the state Debt, of Health and Merital Hygiene prior to burial, cremation, or removal.	T. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT De filed within 72 hours a	IMPORTANT: If Item 2

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ESTH	ER EL	EANOR	MILLE	R	2. DATE OF DEATH DAY	9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-46-7241 98. FACILITY NAME (If not institution, give st	1 - M 2 - F	83 YRS. MC	FUNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF SIRTH (Month, Day, Year) 11-10-08	Cour	RYLAND
TOR	Anna Arundel RESIDENCE OF DECEDENT	medical (Center	Anno	polis	ain .	Anne	Arunde/
DIRECTOR	MARYLAND N/A		BALT			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
RAL	100. STREET AND NUMBER				ZIP CODE			WHAT COUNTRY?
BY FUNERAL	1508 BELT STREET 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO		IC ORIGIN? (Specify Yss n, Pusrto Rican, stc.)	Bla	CE — American Indian, ck, Whits, atc. cetty: WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentery/Secondery (0-12)	completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mos etired.)	N It of working	16b. KIND OF BUS		
DMP	17. FATHER'S NAME (First, Middle, Last)	NONE	HOME MA	KER	18. MOTHER'S NAI	OWN HOM		
BE C	JAMES (NMN)	KEILHOLTZ			IDA MA	E PARKER	,	
10	19e, INFORMANT'S NAME (Type/Print)					loute Number, City or Town		
	CHARLES J. MILLER 208. METHOD OF DISPOSITION		4038			T CITY MD	21042 CATION — City or	Town, State
	1 XBuriel 2 Cremetion 3 Remo	oval trom State	of cemetary, crematory or GLEN HAVEN	other place)			N BURNIE	200
	21. SIGNATURE OF FURIDBAL SERVICE LIC			SING	LETON FU	NERAL HOME		E, MD 21061
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to daath	but not reaulting in	tha Underlying	cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	Ab. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: , /			ACE OF DEATH (Ch	eck only one)		
	1-YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	1 Inpatient 2 FR/O	vtpetient 3 DOA 4	OF 28c. INJ		8 C Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJU building, etc. (S	RY — At homs, fsrm, atropecify)	set, tactory, offic		28t. LOCATION (Street a City or Town, State)		il Route Number,
COMPLETED	CONTROL ONLY	ICIAN: To the best of my kn						e(s) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF	no Dej	outy	DO C	MBER (054)	29d. DATE SIGN	ED (Month, Day, Year)
	Milliam 31. DATE FILED (Month, Day, Year)	P. JOH 32 HEBISTRAM'S GI	CNATURE AND OF	D	PO 0	Box 99	(20717
	DEC 0 3 1991	0		; ,				



BALTIMORE, MARYLAND 21215-00	wours after death. Page 6 may be retained by the hospital or attending p	ilied in by the funeral director, page 5 should be detached for use as the b.n., or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending pi	IN THE PUNERAL DIECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the final within 72 co. s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If ILE 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

unfal-transit permit. Pages 1, 2, 3 should

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last, CONRAD	MOOTO			2. DATE OF DEATH DECEMBER	Y 1 O YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER									
	578 40 3915	1 (M) 2 (F)	GE (In yrs. last birthday) 64 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN. 23, 1927		ATHPLACE (State or Foreign unity) INIDAD, B.W.I		
~	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF			
RECTOR	THE JOHNS HOPK	BALTIMORE CITY			BALTIMORE CITY					
DIRE	MARYLAND BALT	TY TIMORE	10d. INSIDE CITY LIMITS? 1 YES NO							
FUNERAL	100. STREET AND NUMBER 2205 SOUTHLAND	ROAD	1	101. ZIP CODE 21207			109. CITIZEN OF WHAT COUNTRY? U.S. OF A.			
N	11. MARITAL STATUS	12. WAS DECEDENT EV	12 MMC DE							
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced	ES 2 NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Outlan, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:			Sp	ACE — American Indian, ack, White, etc. secity: SIAN INDIAN			
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS				
COMPLET	Elementary/Secondery (0-12) 0-12 5	life. Do NOT us	(Give kind of work done during most of working life. Do NOT use retired.) ENGINEER			I.B.M.				
OM	17. FATHER'S NAME (First, Middle, Last)				10 MOTHER ON					
BE C		00Т00		18. MOTHER'S NAME (First, Middle, Meiden Surname) CHRISTINA PHILLIPS						
0	191. INFORMANT'S NAME (Type/Print) MRS: MONET CALL	195. MAILING 2205 S	ADDRESS (Street OUTHLAN	S (Street and Number or Rural Route Number, City or Town, State, Zip Code) HLAND ROAD BALTIMORE, MARYLAND 21207						
								Town, State BALTO.		
	TI. SICHATURE OF PURSUE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE, BALTIMORE, MARYLAND									
	23. PART I. Enter the disease, or complications that careed the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate									
	IMMEDIATE CAUSE (Final									
	e. Myocardial Infacchion + Cardiagenic Shock Due to (or as a consequence of):							Che.		
Z	Pulmoon Embali							16		
ATIO	Sequentially liet conditions, If any, leading to immediate cause, Enter UNDERLYING CALISE, (Disease or injury.							4 111.		
FIC	CAUSE (Disease or injury thet initiated events		4 me.							
CERTIFICATION	the initieted events DUE TO (OR AS A CONSEQUENCE OF): reculting in deeth) LAST d.									
	PARTII. Dther significant condition	PARTIL Dther algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDING.								
EDICAL	ASCYD	Hodgkins			g outer given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE		
MEC				L NO	OF DEATH?					
PHYSICIAN:	AN WILL CARE DEFENDED TO A CONTROL OF THE CONTROL O									
SICI	EXAMINER?	26. PLACE OF DEATH (Check only ons) 26. PLACE OF DEATH (Check only ons) OTHER: 1 Vinpatiant 2 ER/Outpetient 3 DOA 4 Number Home 5 Residence 6 Dither (Specify)								
H	27. MANNER OF DEATH	28e. DATE OF INJUR	RY 285 TIME		JURY AT		Lilley Cocuped			
ВУ Р	1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Yes)	(INJ) INJ) 30	JRY W	YES 2 NO	ZOU. DESCRIBE NOW IN	28d. DEŞCRIBE HOW INJURY OCCURED			
13	3 Suicide 6 Could not be	28e. PLACE OF INJU- building, atc. (5	URY — At home, larm, s Specify)	treet, lactory, offic	tory, office 281. LOCAT		TION (Street and Number or Rural Route Number,			
Ē.	a nomicos determined									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) end mennar as stated.									
	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
TO BE	P. Presto	on Reinola		F9446			191			
S	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Johns Hopkins Hospital									
1	10 DEC 90 3 1991 Fulia Davidson Rande									

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AND SOUTHWARE HOME STORY STORY

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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3012 E RESIDENCE 10a. STATE MARYLAN

3 Suicide

4 Homicide 29a. CERTIFIER

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OF VITAL RECORDS, P.O. BOX 13146,	And the second s
OF VITAL I	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF I	MARYL	AND / DEPAR CERTIF				MEN	TAL HYGIEN REG. NO	E		
1. OECEOENT'S NAME (First, Middle, Les TAFT MC LE							M	ATE OF OEATH ONTH D VEMBER 2	7 10	YEAR	3. TIME OF OEATH 10:53 A.M.M.
4. SOCIAL SECURITY NUMBER	n yrs, last birthday)	HC 146	IOER 1 YEAR	IF UNDER 24 HRS.		ATE OF BIRTH	7,19		IPLACE (State or Foreign		
255 44 7040 1 M M 2 □ F 82				MONTHS DAYS MOURS MIN (Month, Day, Year)						NORTH CAROLINA	
99. FACILITY NAME (If not institution, gives 3012 EDMONDSON				9b. C	BALTI	MORE	DEATH		9c. COU	INTY OF C	EATH
RESIDENCE OF DECEDENT 10a. STATE MARYLAND				10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1)(YES 2 NO
100. STREET AND NUMBER 3012 EDMONDSON AVENUE								S. OF A.			
11. MARITAL STATUS 1 Never Merried 2 Married 2 Widowed 4 Divorced	1 U.S. ARMED 2	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					Blac	RACE — American Indian, Black, White, atc. Specify: BLACK			
15. OECEOENT'S E (Specify only highest gri	OUCATION ade completed)		(Give kind of	OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working					OUSTRY		
Elementary/Secondery (0-12) N/A	life. Do NOT us	life. Do NOT use retired.) COOK				VETERANS HOSPITAL					
17. FATHER'S NAME (First, Middle, Lest) ALEXANDER MC LEOD					18. MOTHER'S NAME (First, Middle, Malden Surname) CAROLINE LOVE						
19a. INFORMANT'S NAME (Type/Print) MIRS MABLE FAIRL	EY		100			nd Number or Rure N AVENUI					ND 21223
20a. METHOO OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)				CE OF OISPOSITION (Name of cometer), cremetory or LAND NAT. MEM. PARK 12/2/91 LAUREL, MD. I							
21. SIGNATURE OF FUNERAL SERVICE	J Huy	nn	0.			NO ACCRESS OF F S T. GWY PARK HI	YNN	FUNERAL			1215-6393 ORE,MARYLAND
23. PART i. Enter the diseases, o shock, or heart fallut				not a	ntar the mo	ode of dyling, eu	ich ee	cardlec or reep	lratory s	rreet,	Approximete Intervei Batween
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of):							Oneat and Deeth				
Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING	CONSEQUENCE C	OF):									
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER:
4 Nursing Home 5 Realdence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28+. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF OEATH 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24s. WAS AN AUTOPSY PERFORMEO?

ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(e) end menner se stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the ceuse(e) end manner as stated.

29d. OATE SIGNEO (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29-9

R 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE

Chinay 21205 AWRENC 0 31. OATE FILEO (Month, Day, Year)

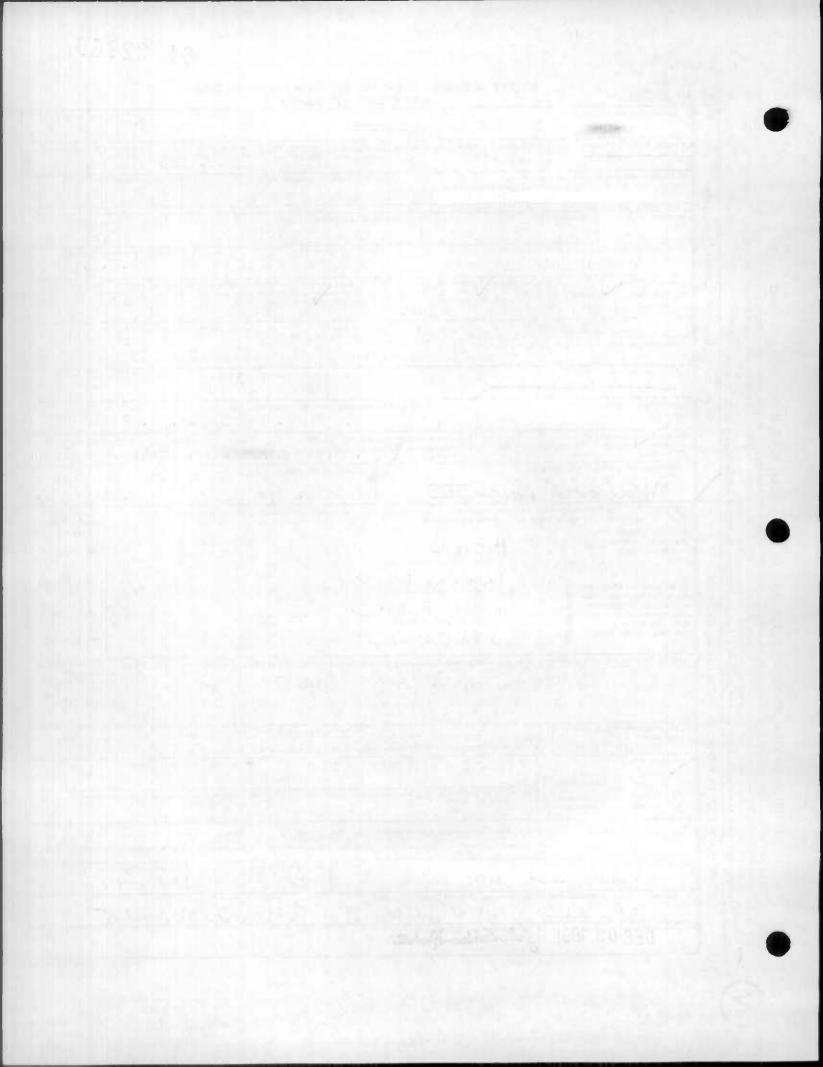
Sulia Davidson-Randall 1991

PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuee given in Part i.

OHMH-16 Rev 1/89

NOAM!

	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR ERTIF	RTMENT	OF HE	EALTH DEAT	AND !	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLES							MONT	OF OEATH	AV	YEAR 91	3. TIME OF DEATH 12:55A
	4. SOCIAL SECURITY NUMBER 080- 080-12-1923	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les	st birtndey) YRS.	IF UNDER	-	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH		6. BIRTH	HPLACE (State or Foreign YORK
	9a. FACILITY NAME (If not institution, give s				9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						DEATH	
TOF	THE JOHNS HO	PKINS HO	SPITAL		BA	LTIM	ORE	CITY	Y		BALTIMORE CITY		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	BALTIMORE, CITY						10d. INSIDE CITY LIMITS? 1X XYES 2 NO		
	100. STREET AND NUMBER 3 TAMWORTH RO	DAD					ZIP CODE		210		10g. CI		WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. AR VI YES 2 I	IS. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cuben, Maxican, Puarto Rican, atc.)				14. RACE	E — American Indian, k, White, atc.					
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(G	CEDENT'S live kind of a	USUAL OC work done di sa retired.)	CUPATION furing most	of workin	9	16b	. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLET	12	College (1-4 or 5 +)		AWYE							IN	LAW
BE CC	17. FATHER'S NAME (First, Middle, Last) CHARLES LEE NUTT SR. Charles Lee Nutt, Jr. DOROTHEA PORTER												
TO	190. INFORMANT'S NAME (Type/Print) JULIET MARY NU	JTT	199							ber, City or Town			1210
	20a. METHOO OF DISPOSITION 1	20b. PLACE /	AND DATE	DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State DAY OF CHOICE AND 12/9 BALTIMORE, MD. 21210									
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 HENRY W. JENKINS AND SONS.BALTO, MD.												
	23. PART I. Enter the disease, or one occupant of the disease or condition resulting in deeth)	. Hu	caused the deser in each line).	not enter t								Approximete interval Between Onest and Death
CERTIFICATION	Sequentially flat conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Pulymorary Edema 2 DUE TO (OR AS A CONSEDUENCE OF): C. Reval Failure DUE TO (OR AS A CONSEDUENCE DE): Brady Cardia 4										2 days 2 days 4 hms		
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	In the underlying ceuse given in Pert i. 24e. WAS AN AUTOPSY PERFORMED?					24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	5000	Пап	OTHER	:			ck only on				
PHY	97. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, Da		26b. TIM	URY	26c. INJUF WOR	TA YE	aldenca		(Specify)	JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF building, a	INJURY — At horate. (Specify)	me, term, s	M treat, factor	1 YE	S 2 [NO	261. LOC	ATION (Street a. or Town, State)	nd Numbe	r or Rural R	Poute Number,
COMPLETED		CIAN: To the best of a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Poddy	D.					NSE NUM					(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO		/	M 27) (Type,	Print)	*	0	11	10 -		1 -0	2/12/	
Puty lee 600 N. Wife St. Bathmore. Md 21205 31. DATE FILED (MIGHT), PONTY DOWN 1991 July Son-Pandale								4					



DHMH-18 Rev 1/89

8760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The law recurricate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after d TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT	OF DE	TH AND		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Marga	ret		uwil:			2. DATE OF MONTH		91	3. TIME OF DEAT		
	4. SOCIAL SECURITY NUMBER 213-74-4353		E (In yrs. last birthday,	IF UNDER 1		NDER 24 HRS.	7 DATE OF	BIRTH 1904	S. BIRT	HPLACE (State or Fe	p M oreign	
NO.	9a. FACILITY NAME (If not institution, give si	reet and number) Hospital			TOWN OR LO							
RECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. Ci	TY, TOWN OR		11			Idl	10d. INSIDE CITY		
ā		lbot				rdova	Lauren					
FUNERAL	13231 Connelly	Road			101. ZIP (WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 300	11	AS DECENDER yea, specify (NT OF HISPA	NIC ORIGIN? (S	specify Yaa or No- n, atc.)	— 14. BAC	E — American Indi	en,	
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			S USUAL OCC work done du use retired.)	ring most of w	rorking	18b. Kil	ND OF BUSINESS.	/INDUSTRY	White		
at once.	17. FATHER'S NAME (First, Middle, Last)				18. A			le, Maiden Surnam	ne)			
TO BE	Oliver Craft 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)											
9	Charles E. Neuwiller Jr. 13231 Connelly Road Cordova Md. 21625											
must	1 Sevice 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) ATE DATE 200. PLACE AND DATE DISPOSITION (Name of Commence of C										24	
medical examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MAceAve. 21221 23. PART I. Enter the diseases, of completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
re traumatic event, the	shock, or heart failured List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
AN: MEDICAL CERTI	PART III Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III OTHER AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
or item YSICI/	25. WAS CASH REFERRED TO MEDICAL.	HOSPITAL:	DOA	OTHER:	g Home 5		8 Other (Sp	ecify)				
A PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		Bc. INJURY AT WORK? 1 YES			BE HOW INJURY	OCCURED			
28 is	3 Suicids 8 Could not be detarmined	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, ferm, ecily)	atreet, factory	281. LOCATIO City or To	N (Street and Num wn, State)	ber or Rural i	Route Number,				
MPL Ite		IAN: To the best of my kno								i) and manner as at	inted.	
IMPORTANT: TO BE CO	296. SIGNATURE AND TITLE OF CENTERED	eff ME	>		296.1	BS	ABER 259	29 d. C	ATE SIGNED	(Month, Day, Year)		
1	31. DATE-FILED (Month, Day, Year)	32. REGISTRAR'S SIG	.D. 60	6 D	Vicolate	15,0W	ALE,	Edsto	OME	P. 2160	1	
123	DFC 0 3 1991	Pulia Davidson										

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	1. DECEDENT'S NAME (First, Middle, Last) LINDA		- OL				DEATH	2.	PEG.	ГН		EAR I	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	M .				SIC					199 ^v		1:00 P
	213-66-9432	1 M 2 F	6. AGE (In yrs. lest I	VRS.	MONTHS	DAYS	HOURS MIN		Month, Day, Ye	ar)	6.	Country)	LACE (State or Forei
	9e. FACILITY NAME (If not institution, give	_ ^	35	TNS.	Dh. CITY	TOWN O	R LOCATION OF		ot. 30,	_	_	Flor	
OR	5521 SEWAR		7						m s r	9c. 0	COUNTY	OF DEA	ATH
2	RESIDENCE OF DECEDENT				В	ALI	IMORE	CI	TY				
DIRECTOR	Manual and	IOC. CITT, TOWN ON LOCATION										1	IOd. INSIDE CITY
	Maryland 10e. STREET AND NUMBER		Baltimore City									XXYES 2 NO	
FUNERAL	5521 Seward Avenu	10				101.	ZIP CODE	200		10g.			AT COUNTRY?
N	11. MARITAL STATUS		12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF H					206	2121112 12			JSA	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 X NO)	11	yee, spe	ECENDENT OF HISPANIC ORIGIN? (Specify Yes specify Cuben, Mexicen, Puerto Ricen, etc.)			y Yes or No :.)	or No— 14. RACE — American In- Black, Whife, etc.		White, etc.
BY	3 Widowed 4 Divorced	1	AIT ON DATES			1 165	2 NO Sp	ecity:				Whi	te
ETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION le completed)	(Give	kind of w	USUAL OC	CUPATIO	N t of working		16b. KIND OF	BUSINESS	/INDUS		
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +) Ifthe Do NOT use retired.)												
COMF	2 Legal Secretary												
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)												
BE	George Pot 190. INFORMANT'S NAME (Type/Print)	tsic					Hele			F.		Don	dero
5							d Number or Ru						
	Mr. Gary M. Potsic 5521 Seward Avenue Baltimore, Maryland 2												
	1 LX Burlet 2 Cremetion 3 Removal from State Complete, remaining of the place 1 DATE Concepts, remaining of the place 1 DATE Concepts, remaining of the place 1 DATE Concepts, remaining of the place 1 DATE Concepts, remaining of the place 1 DATE Concepts, remaining of the place 1 DATE Concepts, remaining of the place 2 DATE Concepts o												
	4 Donotton 5 Other (Specify) Parkwood Cemetery 12/4/91 Baltimore Maryland 22. NAME AND ADDRESS OF FACILITY												
	Leonard J. Ruck, Inc. 5305 Harford Road 21214												
	1 /// ml mill	1 1.0	6										
-	Michael	Duck	6		Leo	nard	J. Ruck	Inc	. 5305	Harfon	d Ro	ad 2	1214
	23. PART I. Enter the diseases or shock, or heart fillure.	complications that	caused the deat	h. Do no	Leo	nard	J. Ruck	Inc	. 5305	Harfon aspiratory	d Ro	ad 2	Approximata
	IMMEDIATE CAUSE (Final	List biny one caus	caused the deat sa Dn each Nna. ty Liver		Leoi	nard	J. Ruck	Inc	. 5305	aspiratory	d Ro	ad 2	1214 Approximata Interval Batw Onset and D
		Fat	ty Liver	Due	Leon tenter to	nard	J. Ruck	Inc	. 5305	aspiratory	d Ro	ad 2	Approximata Intarvai Batw
7	IMMEDIATE CAUSE (Final disasse or condition	Fat	oa Dii eacii iiia.	Due	Leon tenter to	nard	J. Ruck	Inc	. 5305	aspiratory	d Ro	ad 2	Approximata Intarvai Baty
ION	iMMEDIATE CAUSE (Final disasse or condition resulting in death) Sequentially list conditions,	Fat DUE TO (ty Liver	Due	Leon tenter to	nard	J. Ruck	Inc	. 5305	aspiratory	d Ro	ead 2	Approximata Intarvai Baty
CATION	IMMEDIATE CAUSE (Final disasse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Fat a. DUE TO (ty Liver	Due	Leon tenter to	nard	J. Ruck	Inc	. 5305	aspiratory	d Ro	pad 2	Approximate Interval Baty
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111 PENN STREET

32. REGISTRAR'S SIGNATURE
991 Julia Davidson

BALTIMORE, MARYLAND

JWR

P. Konn

31. DATE FLED (MONTH), Day, Year)

DEC

DHMH-16 Rav 1/89

21201

TO BE COMPLETED BY FUNERAL DIRECTOR

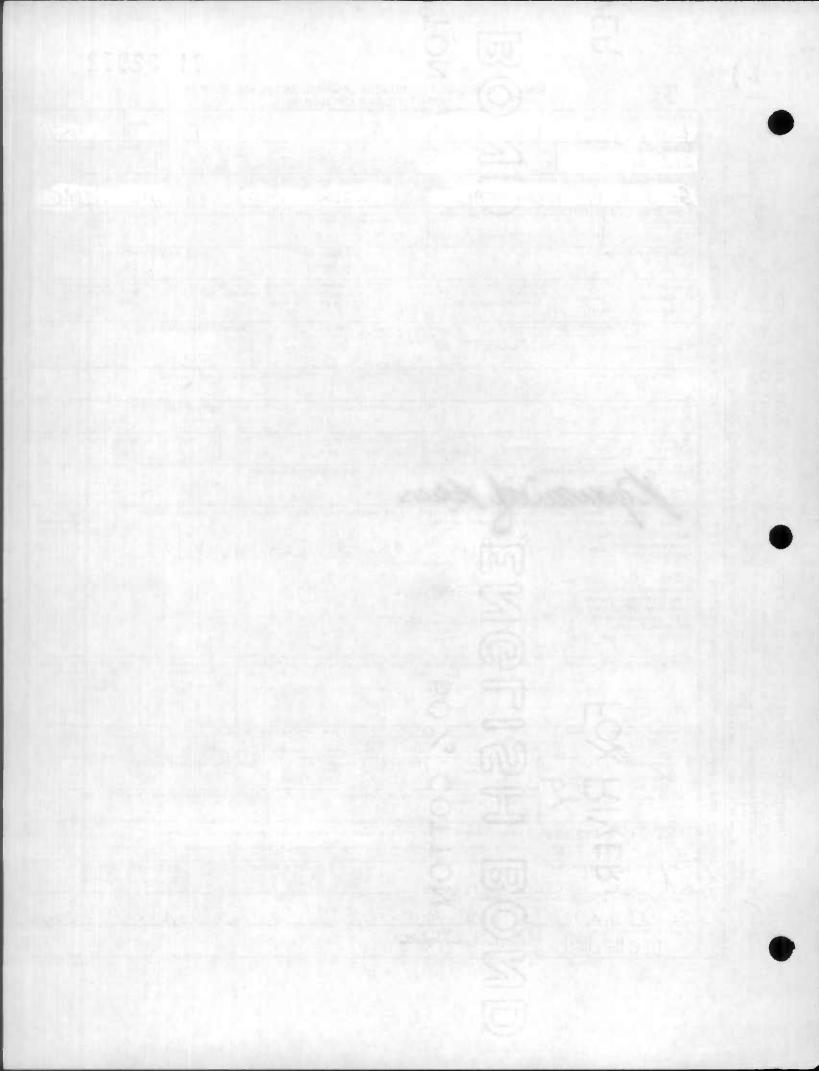
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE O	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	EDNA S. PETER	S			2. OATE O MONTH DECEM	DAY	1991	3. TIME OF DEATH 11:45 P.
212-46-9340	5. SEX 6. AGE (In yrs		UNDER 1 YEA		7. DATE O (Month, JUNE	F BIRTH Day, Year) 7,1894	Count	HPLACE (State or Foreign try) NNSYLVANIA
	I'EAL	91	TOW:	N OR LOCATION OF O	EATH		COUNTY OF C	
RESIDENCE OF DECEDENT 10b. COUNTY		10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY
MARYLAND	BALTIMORE	LU'	THERV					1 YES XX NO
1329 CHIPPENDALE	ROAD			21093		10g	U.S.A	WHAT COUNTRY?
I. MARITAL STATUS Never Married 2 Merried Never Married 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES X IF YES, GIVE WAR OR DATES	X NO	It yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 XIXIO Speci	an, Puerto Ri		14. RAC Blac Spec	CE — American Indian, ck, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	O. DECEDENT'S US (Give kind of work life. Do NOT use in HOUSEW)	k done during etired.)	ATION a most of working	16b.	OWN HOM		
. FATHER'S NAME (First, Middle, Last)		HOODEW	1111	18. MOTHER'S N	AME (First, Mi	iddie, Maiden Surna		
SAMUEL SNOWDEN S	PRATT			SARAH				
Da. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DAESS (Str	eet and Number or Rural	Route Numbe	er, City or Town, Sta	te, Zip Code)	
DOROTHY HEMPHILL	(FRIEND)	1329 C	HIPPE	NDALE ROAL	D, LUTH	HERVILLE	, MD.	21093
De. METHOD OF DISPOSITION (XBurlal 2 Cremation 3 Ram Donation 5 Other (Specify)		ACE AND DATE OF			/3/91			Town, Stata MARYLAND
ART i. Enter the disease, or spock, or heert failure. MMEDIATE CAUSE (Finel lisease or condition equiting in deeth) dequentielly liet conditione, may, leading to immediate euse. Enter UNDERLYING AUSE (Disease or Injury het initiated events equiting in deeth) LAST	DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD	NSEQUENCE OF): NSEQUENCE OF):	onter the	PNTO	MON	lac or respiretor	y erreet,	Approximate interval Betwee Oneet and Des On
								1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TUNO	HOSPITAL:	- 2 Cast	THER:	8. PLACE OF DEATH (C				
7. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c	Home 5 Reeldence INJURY AT WORK? YES 2 NO	1	(Specify) CRIBE HOW INJUR	Y OCCURED	
3 Suicide 8 Could not ba 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, str	eet, factory,	office		ATION (Street and A or Town, State)	lumber or Rura	I Route Number,
(Lineck only	ISE PHYSICIA	d/or investigation,	in my opinio		umber 90	and place, and du	1. DATE SIGNE	ED (Month, Day, Year)
31. DATE FILED (Month, Day, Year) DEC 03 1991	J. DEGISTEAR'S SIGNATURE JUNE DAVIDSON-1	BE .	79L, =	1628 707	LICK.	D. 70m	SONY	MD 21204



BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

29b. SIGNATURE AND TITLE OF CERTIFIER

031991

31. DATE FILED (Month, DEC

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

TO BE COMPLETED BY FUNERAL DIRECTOR

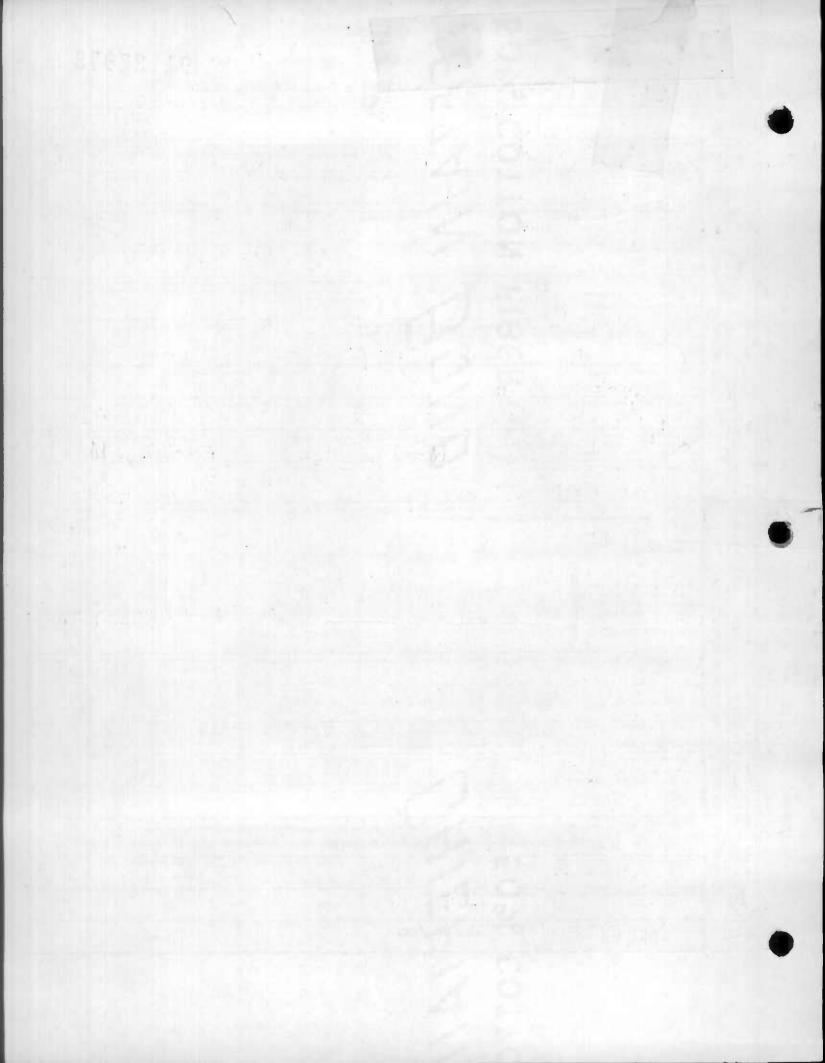
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	D 1		People			REG. NO			3. TIME OF DEATH
PEOPL	Earl	EAR	LOPIE	D / L) L •	MONTH D	AY.	YEAR	4.30Pm
		GE (In yrs. last bit	MONTHS	R 1 YEAR	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.0	8. BIRTI	IPLACE (State or Foreign
097 14 7307 9a. FACILITY NAME (If not institution, give stree	1 M 2 F	82	YRS.				09		
Howard Co. Ge		spital		1 umb	oia,	EATH	9c. CO	HOW	ard
10a. STATE 10b. COUNTY	ward	1	IOC. CITY, TOWN						10d. INSIDE CITY LIMITS?
10a, STREET AND NUMBER					olumbia				1 P YES 2 NO
	Dunels Du			101.	ZIP CODE	046		USA	WHAT COUNTRY?
	Brook Dr		D 112	WAS DEC		NC ORIGIN? (Specify Yes			E — Americen Indien,
1 Naver Merried 2 📆 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO		If yes, apo		n, Puarto Rican, atc.)	or No—	Blec Bla	k, White, atc.
15. OECEDENT'S EDUCA (Specify only highest grade co		16a. DECEU	DENT'S USUAL of	OCCUPATIO	N t of working	18b. KIND OF BU	SINESS/II	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do	NOT use retired.)	aning	Clo	thi	ng	
17. FATHER'S NAME (First, Middle, Lest) Charles Pec	ples					ME (First, Middle, Maiden Morrisey	Surname		
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRES	SS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, 2	Zip Code)	212 21046
Mattie People	S	7	250 D	Ede	n Brook	Dr. Col	umb.	la,	Md. 21046
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	ral from Stata	other place)	ead of		etery, crematory or	and 1	Exid.	- City or To	own, State
21. SIGNATURE OF FUHERAL BERVICE LICES	NSEE				D ADDRESS OF FA		'on c	1	
James a.	Mata	O				orton & S ns St. Ba			1d. 21217
23. PART I. Enter the disease, or conshock, or heart fellure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one ceusa o	n each line.	luco			h es cardiec or resp		erreat,	Approximate interval Between Onset and Deeth
	Tex	M A CONSEQUE		10 0	Lashat	Ec Dros	Sta	tic	
Sequentially list conditions, if eny, leading to immediate cause, Enter UNDERLYING	OUE TO (OR	AS A CONSEQUE	ENCE OF):	au	cer.	with B	one	160	
CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	DUE TO (OR /	AS A CONSEQUE	ENCE OF):	- 1-	epat	c He	And	Acr 8	3
PART II. Other significant conditione	contributing to deel	h but not res	uiting in the u	ınderiying	cause given in			Y 24	D. WERE AUTOPSY FINDINGS
Ho Angin	a, h	MPR	stee	(50	a.	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TIA, Rem	al cin	ch by	icin	a	7	/			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PK	ACE OF DEATH (Ch	eck only one)			
	HOSPITAL:	Dutpatient 3 🗆	DOA 4 NO		5 Reeldenca	8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	288. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? WORK? 28c. INJURY AT WORK? WORK? A DATE OF INJURY OCCURED WORK?								
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJ building, atc. (URY — At home	, form, straot, fa	ctory, office		281. LOCATION (Street City or Town, Stete	and Numb	per or Rural	Route Number,

29c. LICENSE NUMBER

D195

29d. DATE SIGNED (Month, Day, Year)

Column MD 21



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215-0	r attending
7	0
AND 21218	hospital
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MARYL	retained
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Ξ	Page
ALT	death.
m	after
	hours
	30

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
THE !	O THE P	MPORT

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTME	NT OF H	EALTH ANI	D MENT	TAL HYGIEN				
			Plair			DEAIII		TE OF DEATH	MAY 9.7	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER Z 44 07 2742 0 9a. FACILITY NAME (If not institution, give	(In yrs. lest birthdey) YRS.	MONTH		IF UNDER 24 HR: HOURS MIN	(M	TE OF BIRTH orth, Day, Year) /20/0	BIRTHPLACE (State or Foreign Country) N . C . NTY OF DEATH				
DIRECTOR		n Nursing H	E	Baltimore Station Stat								
	Md .		10c. CI		Baltimore					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1621 Lochwood 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			10	21218 3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year					SA		
孟	1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 100			II yea, spe	2XIVO Spi	dcan, Puarl	to Rican, atc.)	a or No-	14. RACE — American Indian, Black, White, atc. Specify: Black		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (%-12)	occupation during mos	it of working	1	66. KIND OF BU	SINESS/INDI						
BE CON	17. FATHER'S NAME (First, Middle, Last) Joseph Pa				Magg	i, Middle, Maiden	ams					
TO E	19a. INFORMANT'S NAME (Type/Print) Mrc Janot Mi 20a. METHOD OF DISPOSITION Disposition 3 - Rem	Lo	Chwo	od Av	enue	Balt	0., 1					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	A	rbutus	22	Jame		FACILITY Mort	on &	Sons	, Md.		
	IMMEDIATE CAUSE (Finel disease or condition	complications that coused List only one cause on ed	the deeth. Do	not ente	er the mod	le of dying, s	uch ae ce	erdiac or respi	ratory erre	est, Approximate Intervel Between Onset end Desth		
ERTIFICATION	s. DUE TO (ON AS A CONSEQUENCE OF): DUE TO (ON AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
: MEDICAL C	PART II. Other eignificent condition	In Part I.	246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 246. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Output	etlant 3 DOA	OTHE 4 10 Nu	A:	CE OF DEATH (
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		E OF URY M	28c. INJUI WOR 1 YE	RY AT	1	Other (Specify) d. DESCRIBE HOW INJURY OCCURED				
LETED	3 Suicide 6 Could not be datarmined	28s. PLACE OF INJURY building, atc. (Speci	"9)				Cit	y or Town, State)		or Rurel Route Number,		
COMPL	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurre and/or investigation	n, in my	time, data a opinion, des	nd place, and death occured at the	ua to the c	ause(s) and man	ner as state	d. cause(s) and manner as stated.		
TO BE	PRIS. SIGNATURE AND TITLE AND TITLE	the my				29c. LICENSE N	UMBER 7	69	29d. DATE	SIGNED, (Month, Day, Year)		

OF DEATH (ITEM 27) (Type, Princ)

32 AERISTRAPS SIGNATURE
JUNA DAYMON - Andall

31. DATE FILED (MONTH, 07. 30°) 1991

ed wit	al, cre	even
execut	n and to	matic
te be	siciar	tra
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cre	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic even
ath	al H	0
the de	d Ment	injury
s that	afth an	any
require	een sig	Shows
MP	Dept.	23
The	cate h	Hem
ICIAN	the S	0
PHYS	this with	rked
DING	After	s ma
TEN	after after	28
OR A	DIRE	item
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	al-transit permit. Pages 1, 2, 3 should		
	ing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		notified at once.
)	etely filled in by the funeral director, page	emation, or removal.	nt, the medical examiner must be
	d by the attending physician and comp	n and Mental Hygiene prior to burial, crema	NT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic:
	NERAL DIRECTOR: After this certificate has been signed by the attend	hin 72 hours after death with the State Dept. of Health	ked, or item 23 shows a
	NERAL DIRECTOR: After the	hin 72 hours after death v	NT: If item 28 is mark

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT				HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	MONNIE MA			EST	2. DATE OF MONTH	å	8 9	EAR	IME OF DEATH
4. SOCIAL SECURITY NUMBER 234 - 14 - 0383 9. FACILITY NAME (If not institution, give s.	1 🗆 M 2 🕡 F	85 YRS. MONTHS		HOURS MIN.	-	lay, Year).	,	Country) EST V	IRGINIA
HARBOR HOSP	The state of the s			IMORE			BALT		
10e. STATE 10b. COUNTY	ARUNDEL	BROOKI							INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER HAMMONDS LANE AT 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	ND ROBINWOOD 12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED 1	3. WAS DECE	ZIP CODE 21225 NDENT OF HISPAN Elfy Cuban, Mexica ZINO Specify	n, Puerto Rici		U.S. or No. 14	A RACE — A Black, Wh	COUNTRY? Amaricen Indien, ille, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		16e. DECEDENT'S USUAL (Give kind of work dor life. Do NOT usa retired	ne during most		16b. KI	IND OF BUS	SINESS/INDUS		MILL
10TH	NONE	HOME MAKE	ER			WN H			
17. FATHER'S NAME (First, Middle, Last)	PDUTE	LVTTON		18. MOTHER'S NA	ME (First, Mid	die, Maiden		E	
ELLIS F 19e. INFORMANT'S NAME (Type/Print)	BERTIE	LYTTON 19b. MAILING ADDRI	ESS (Street en	NANCY d Number or Rural I	Route Number,	City or Town	PRIC n, State, Zip Co	200	
EDWARD E. PRIEST		12240 MJ	C. ALB	ERT RD.	ELICO	OTT C	ITY. M	D 210)42
20s, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	oval from State	b. PLACE OF DISPOSITION other place) LEN HAVEN M	EMORIA	L PARK		GLE	N BURN		
	spriplications that cause Liet only one cause on		1 SEC	ETON FUI OND AVE	. S.W.	GLE			Approximate interval Between Onset end Da
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS DUE TO (OR AS C V A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	-4)NG					
that initiated events resulting in death) LAST		IMER'S	DIS	EASE					
PART II. Other significant condition	na contributing to death	but not resulting in the	underlying	csuse given in		4a. WAS AN PERFOR	RMED?	COI	RE AUTOPSY FINDIN ILLABLE PRIOR TO MPLETION OF CAUSI DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Ch	neck only one)				
EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Ou	tpetient 3 DOA 4 DI	IER: Nursing Home	5 Realdence	6 🗆 Other (Specify)			
27. MANNER OF DEATH 1 Neturel 5 Pending investigation	28e, DATE OF INJURY (Month, Oay, Year)	28b. TIME OF INJURY	28c. INJU WOF 1 Y		28d. DESC	RIBE HOW	NJURY OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJUF building, etc. (Sp	Y — Al home, farm, street, ec/ly)	factory, office			ION (Street Town, State,	and Number or	Rural Route	Number,
(Critical Oriny	ER: On the basic of examinat								d menner as atated
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
		4.D.		House 6	fficer	,	> 11	28/	11
	ILLIAM	eath (ITEM 27) (Type, Print) , HARBO	RH	OSPITA	AL (CEN	TER		
31. DATE FILED (Month, Day, Year)	ha Davidson A	NATURE							



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	SI	CEVEN DA		ASBEI		DEA	TH	REG. 2. DATE OF DEATH MONTH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		g)		_				DECEMBER	T, 1	-	8:23 A.	
	213-90-8129	5. SEX	6. AGE (In yrs. las	(In yrs. last birthday) YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTH	1962	Cour	HPLACE (State or Foreign http://	
TOR	99. FACILITY NAME (If not institution, give HOWARD COUNTY GE		SPITAL			LUMB	I A	ION OF DI	EATH	9c. CO	HO	DEATH WARD	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARYLAND H	OWARD			TY, TOWN		TION					10d. INSIDE CITY LIMITS?	
ERAL	100. STREET AND NUMBER 9640 WHITE ACRES			1 0			2.1 (10g. C	ITIZEN OF	1 YES 2 XXVO	
BY FUN	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	IT EVER IN U.S. AR YES ZXXIN	IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORI S 2X XNO If yes, specify Cuban, Mexican, Puer					n, Puarto Rican, etc.	IGIN? (Specify Yas or No.— 14. RACE — Amer				
APLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gi	ive kind of Do NOT u	work done during most of working ise retired.)				18b. KIND OF				
BE COMPL	17. FATHER'S NAME (First, Middle, Last) STANLEY D. RASBE	RRY							ME (First, Middle, Mail	ddle, Malden Surname)			
TO E	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Fourte Number, City or Town, State, Zip Code) 9640 WHITE ACRES ROAD, COLUMBIA, MD. 21045												
	20e. METHOD OF DISPOSITION 1 Burlet 2 X Operation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE A				me of	12		LOCATION -		own, State , MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LI	Utke f	2		LE	CROY	M. 8	RUS		WITZK	E FUI	NERAL HOMES	
CERTIFICATION	23. PART I. Enter the disease's, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	ise on each line	DUENCE O	y \$71 F): ed F):				Has cardiac or re			Approximate interval Between Onaet and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significant condition ANEMIA Thromb WAS CASE REFERRED TO MERICAL		death but not re	esulting	in the un				1 TYES	AN AUTOPSY FORMED? 2 NO	7 241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICI	EXAMINER?	HOSPITAL:	3 5000 0 0 0	5.00	OTHER	₹:			eck only one)				
ЭНХ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b, TIM	E OF	2Sc. INJ	URY AT	inidence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, D.			M		'ES 2 [NO					
ETED	3 Suicide 6 Could not be determined	28a. PLACE O building,	F INJURY — Al hor etc. (Specify)	ma, farm,	street, fact	ory, offici			261. LOCATION (Streetly or Town, St.	et and Numbe nte)	er or Rural	Route Number,	
COMPLETED	2 MEDICAL EXAMINE		my knowledge, des	nvestigation	ed at the ti	ime, data	and place	and due	to the cause(s) and stime, data and place,	and due to	ated. the cause(s) and manner as atated.	
TO BE	30. NAME AND ADDRESS OF PERSON WH	-61	Jee.	20			29c. LICE	3 8	190	29d. DA	12	(Month, Day, Year)	
	MANNES COFF 31. DATE FILED (Month, Day, Vear)	26 mg	9650	5 M	Print)	o Re	nel	Col	imber pr	220	44		
	DEC 03 1991	Jane GISTRA	R'S SIGNATURE									4-11-11	

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	1. DECEDENT'S NAME (First, Middle, La		M. Rawl	s)		2. DATI	E OF DEATH	DAY YEAR O		O836
	4. SOCIAL SECURITY NUMBER 235 22 2626	1 M 2 XF	82 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan	OF BIRTH		Country)	ACE (State or Fore
RECTOR	9a. FACILITY NAME (If not institution, gith Harbor Hospit				ltimore	EATH		Bal:		e City
ā	Maryland B	TY, TOWN OR LOCAT		imor	more			Od. INSIDE CITY LIMITS? X YES 2 1		
NERAL	3962 Brooklyn	Ave.		101	ZIP CODE	225	5 United			
BY FUNI	11. MARITAL STATUS 1 Never Married 2 XX Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	ecity Cuban, Maxica 2X NO Specia	in, Puarto Rican, atc.)			4. RACE — Black, V Specify	American India White, atc. White
PLETED	15. DECEDENT'S E (Specify only highest gr Elamentary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	s usual occupation work done during mouse retired.)	ON est of working	166. KIND OF BUSINESS/INDUSTRY				
SE COMPL	17. FATHER'S NAME (First, Middle, Last) Wesley	lawkins	ICIIIakei	18. MOTHER'S NA Addie		Middle, Maiden Si				
TO B	James David R	196. MAILING	Brookly	nd Number or Rural	Balt	imore,	State, Zip C	212	225	
	Burlal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) The State of Complete of Other (Specify) 22. NAME AND ADDRESS OF FACILITY MCCUITY Funeral Home of Brooklyn 23. PART I. Entail the diseasas, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiretory arrest, interval Battwe Onaat and Date of Complet									
	IMMEDIATE CAUSE (Final disease or condition	or complications that caused	the death. Do	not anter the mo	7 E. Pat de of dying, suc	apsc th aa cer	O AVE.,	Balt	timor	Approxime
CERTIFICATION	IMMEDIATE CAUSE (Final	or complications that caused	the death. Do not line. CONSEQUENCE O	23 not anter the mo	7 E. Pat de of dying, suc	apsc th aa cer	O AVE.,	Balt	timor	Pe, MD
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	the death. Do not line. CONSEQUENCE OF CONSEQUENCE	23 not anter the mo	7 E. Pat	capsc	O AVE.,	Balti	24b. WE	Approxime Interval Ba Onaat and
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	the death. Do not line. CONSEQUENCE OF CONSEQUENCE	23 not anter the mo OF): OF): In the underlying 28. PL OTHER:	7 E. Pat de of dying, suc	Part I.	O AVE., diec or respire	Balti	24b. WE	Pe, MD Approxime interval Ba Onaat and Onaat And Onaat
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in daath) LAST PART II. Other significant conditions of the condition of the condition of the condition of the cause of the	DUE TO (OR AS A DUE TO	the death. Do not line. CONSEQUENCE Of CONSEQUENCE Of the not resulting at not resulting line at the not resulting line a	23 not anter the mo DF): DF): In the underlying 28. PL OTHER: 4 □ Nursing Homate OF 28c. INJ WO	7 E. Pat de of dying, suc g cause given in ACE OF DEATH (Ch	Part I.	O AVE., diec or respire	Bali	24b. WE AND CC DF	Pe, MD Approxime interval Ba Onaat and Onaat And Onaat
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. Ions contributing to death but I Inpetiant 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	the death. Do not line. CONSEQUENCE CONSE	23 not anter the mo DF): DF): In the underlying 28. PL OTHER: 4 Nursing Hom- ME OF 28c. INJ WO 1 Y	7 E. Pat de of dying, suc g cause given in ACE OF DEATH (Ch s 5 Rasidenca	Part I.	O AVe., diec or respire	UTOPSY LED?	24b. WE AWA	Pe, MD Approxime interval Ba Onaat and Onaat And Onaat
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. Ions contributing to death but I Inpetiant 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	consequence of conseq	23 not anter the mo OF): OF): In the underlying 1 OTHER: 4 Nursing Hom AE OF JURY M 1 OF atreat, factory, office	7 E. Pat de of dying, suc de of dying, suc g cause given in ACE OF DEATH (Ch e 5 □ Residence URY AT RK? (ES 2 □ NO e and place, and due	Part I. Part I. 281. LOC City to the car	O AVE., diec or respire 24a. WAS AN AI PERFORM 1 VES 2 AT (Specify) SCRIBE HOW INJ CATION (Street and or Rown, State)	UTOPSY HOO JURY OCCUI	24b. WE AM COPP	Pe, MD Approxime interval Ba Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat And Onaat And Onaat And
BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	DUE TO (OR AS A DUE TO	the death. Do not line. CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE OF CONSEQUENCE	23 not anter the mo OF): OF): In the underlying 28. PL OTHER: 4 Nursing Hom WO 1 1 V streat, factory, office red at the time, data on, in my opinion, do	7 E. Pat de of dying, suc de of dying, suc g cause given in ACE OF DEATH (Ch e 5 □ Residence URY AT RK? (ES 2 □ NO e and place, and due	Part I. Part I. 28d. DE: to the cast time, data	O AVE	UTOPSY LED? NO JURY OCCUP A Number or A number of the column of the c	24b. WE AM COPP 1 [Pe, MD Approxime interval Ba Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat and Onaat And Onaat And Onaat And

	1 - STATE REGISTRAR		CI	ERTIF	ICATE	OF	DEA	TH I	REG.					
	1. DECEDENT'S NAME (First, Middle, Last) Richa	ard H.			Rodk		DEA		2. DATE OF DEAT	м	1991	3. TIME OF DEATH 8:45am M		
	196-09-3401	5. SEX 1/ M 2 F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTI (Month, Day, Yo. 05-23-	916	Count	HPLACE (State or Foreign IV) INSYLVANIA		
DIRECTOR	98. FACILITY NAME (If not institution, give a Mary Land General	treet and number) Hospita	1				t imo		EATH		9c. CDUNTY OF DEATH			
E .	10a. STATE 10b. COUNTY	,	10c. CITY, TOWN OR LOCATION											
	-	imore			indal		IION					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1913 Dundalk Ave	nue				101	2122				CITIZEN OF	WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FDRCES? 1 IF YES, GIVE W	YES 2 X		1	If yea, sp	ecify Cuba	F HISPAN n, Maxica Specify	HC ORIGIN? (Specific, Puerto Rican, ato	y Yes or No .)	14. RACI Blac Spec	E — American Indian, k, White, atc.		
ED	15. DECEDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL OC	CCUPATIO	ON		16b, KIND OI	BUSINESS	/INDUSTRY	wille		
COMPLETED	(Specify only highest grade Flementary/Secondary (0-12) Tth Grade	College (1-4 or 5 +	·) ///e	Do NOT us	EDENT'S USUAL OCCUPATION bind of BUSINESS/IND							el Cann		
Ö	17. FATHER'S NAME (First, Middle, Last)			16. M			16. MOTI	HER'S NA	ME (First, Middle, Me			c cores.		
BE	Rudolph T. Rodkey 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, Ci													
10	Katherine Bell		19						Baltimo			222		
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rame	aunt dans Chat-	20b. PLACE	ANDDATE	OF DISPOSI	ITION (Na	ima of		DATE 200					
	4 Donation 5 Other (Specify)		Garde	instary or o	f Fa	ith	Cem.		11/30	Balti	more.	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral 7922 Wise Avenue,								eral Hom	e 06	Dunda	lk. Inc.		
	23. PART I. Enter the diseases, or o	complications that	t caused the de	ath. Do r	not enter	the mo	de of dyi	ng, sucl	h aa cardiac or r	eapiratory	arrest,	Approximate		
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cau	icular).								Interval Between Onset and Death		
		Chronic atrial filbrillation with rapid ventricular response										resnonse		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):									Lesponse			
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A CONSEQUENCE DF):												
ERT	reaulting in death) LAST	d												
	PART II. Other aignificant condition	a contributing to	death but not r	esulting	in the un	derlying	cause g	liven in	Part I. 24a. WA	AN AUTOP	SY 24b	. WERE AUTOPSY FINDINGS		
DICAL		a contributing to death but not regulting in the underlying cause given in Part I. Tal vascular accident						FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME	status post prost	atic car	cinoma v	vith	rese	ctic	n		_			1 YES 2 NO		
AN	Congestive heart	railure;	periphe	eral	vasc			-						
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER	1:			eck only one)					
H	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		Ing Hom 28c. INJ		aldenca	6 Other (Specify)	W IN III III W	OCCURED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, De	ty, Year)	INJ	URY	WO	RK?	NO NO	TOU. DESCRIBE IN	W INSORT	OCCORED			
COMPLETED	3 Suicida 8 Could not be detarmined	28s. PLACE DI building,	F INJURY — At holetc. (Specify)	me, term, s	Hreet, facto	ory, office			281. LOCATION (St. City or Town, S	eet and Num tate)	nber or Rural F	Route Number,		
PLE	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledga, de	ath occurre	ed at the tie	me, data	and place,	and dua	to the cause(s) and	manner as	stated.			
SO.	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or i	investigatio	n, In my op	pinion, da	eth occur	ed at the	time, data and place	, and dua to	the cause(s) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER	9	PG	YI	1		29c. LICE	NSE NUM		29d. I	DATE SIGNED	(Month, Day, Year) 27/91		
10	30. NAME AND ADDRESS OF PERSON WHO Nadeem Maalou	COMPLETED CAUS	E OF DEATH (ITER	M 27) (Type,	Print) Ma	ary1	and	Gene	ral Hosp	ital				
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE											
	DEC 2	1991	Julia Davi	dsor-1	Pandel	الما	y							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-times be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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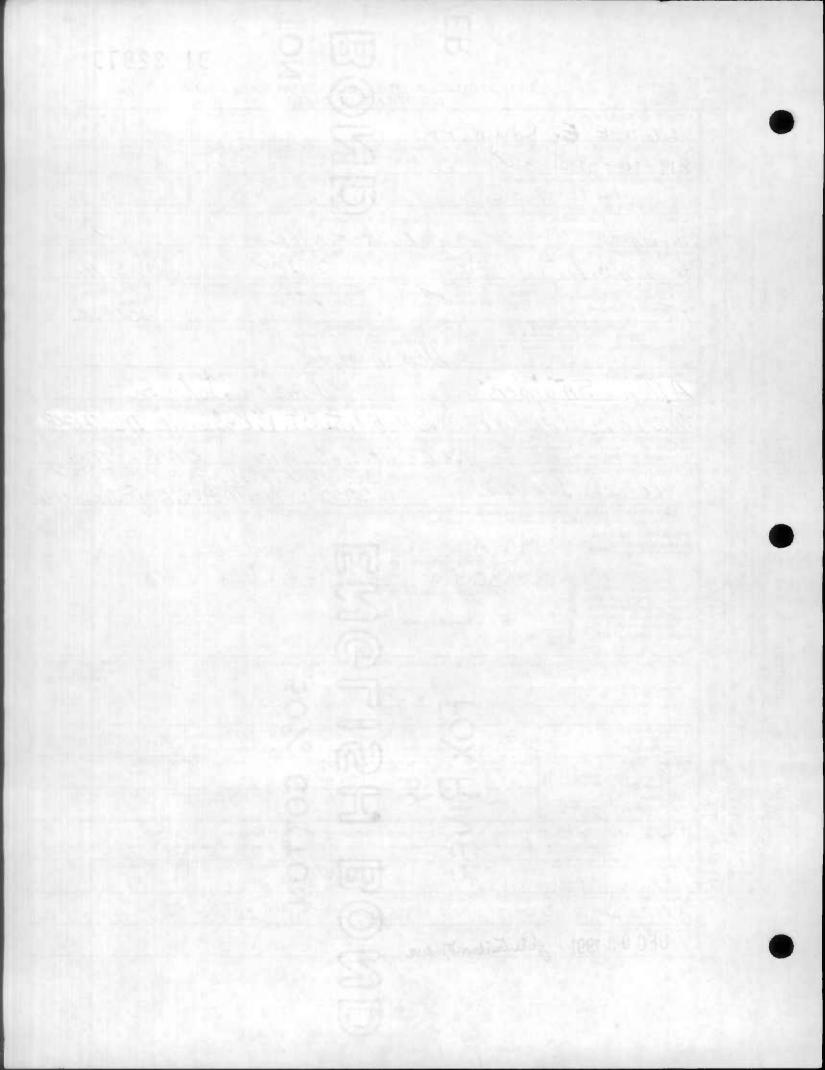
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Item: 7 per F.H. G-682 12/10/91 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR DUISE AUNDERS 112 4. BOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign - 5810 DAYS 219 HOURS -16 YRS. 9e. FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SEPH DIRECTOR 30 SALTIMORE RESIDENCE OF DECEDENT 10e STATE 10h. COUNTY 10c. CITY TOWN OR LOCATION 10d, INSIDE CITY 1 YES 2 NO nary mo FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 100. STREET AND NUMBER 101, ZIP CODE FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 ☐ YES 2 ☐ NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle 1 ast) nomas BE 2 20e. MPTHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSIT DATE lurial 2 Cremetion 3 Rer 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME 105 usse 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ehock, or heert fellure. Liet only one ceuse Interval Between Onset and Deeth IMMEDIATE CAUSE (Final disease or condition resulting in deeth) CONSEQUENCE OF VUESTIVE CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events recuiting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YE8 2 NO OF DEATH? 1 YE8 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 PNO atlent 2 ER/Outpatient 3 DOA ng Home 5 - Reeldence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 40 2



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TO BE	19a. INFORMANT'S NAME (Type) Finit) 20e. METHOD OF DISPOSITION	Snouden	16246	A Street and Number of Ru	ESSEX	md	2132				
	1 Burlel 2 Cremation 3 Re 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	emoval from State cemel	PLACE AND DATE OF DISI	POSITION (Name of ace) 22. NAME AND ADDRESS OF	m /30 /	3A/TO	Town, State				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arraet, Approximent										
	shock, or heart failure	Liet only one course on an					1 000000				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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ORGIE BURRUS		19b. MAIL	ING ADDRESS (WILLI			
			FREED	Street and Number o	FCT/RAI	TIMORE, M	Zip Code)	13
		206. PLACE AND DA			DA DA			
ETHOD OF DISPOSITION urlet 2 N Cremetion 3 Remonetion 5 Other (Specify)	oval from State	GREENMO			DA	BALTIMO		
NATURE OF FUNERAL SERVICE LIC	DENSEE D			AME AND ADDRESS	OF FACILITY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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ART i. Enter the diseases, or debook or heart fellows	omplications that c	caused the death.						Approximate
DIATE CAUSE (Final	Liat Dnly one cause	on each line.	~					Interval Betwee
se or condition ing in deeth)	Atheros	rderuhi	Caro	liovaso	ular	Dispani	,	
	DUE TO (O	R AS A CONSEQUENC	E OF):			70000		
entielly list conditiona,	b. DUE TO (O	R AS A CONSEQUENC	F 060:					
leeding to immediate . Enter UNDERLYING		N AS A CONSEGUENCE	L OFJ.					
nitiated events	DUE TO (OI	R AS A CONSEQUENCE	E OF):					
ing in death) LAST	d							
il. Other significant condition	s contributing to de	eath but not resulting	ng In the unde	erlying cause giv	en in Part I.	24a. WAS AN AUTOPS	SY 24b	WERE AUTOPSY FINDINGS
Chronic Ken						PERFORMED?	240.	AVAILABLE PRIDE TO COMPLETION OF CAUSE
		1				TES 2 PHO	-	OF DEATH?
CASE REFERRED TO MEDICAL	HOSPITAL:			28. PLACE OF DEA	TH (Check only o	ne)		
AMINER?	1 Inpatient 2 E			g Home XXReek	lence 8 🗆 Oth	er (Specify)		
YYES 2 NO	(Month, Day,	JURY 28b.	INJURY	WDRK?	On t	SCRIBE HOW INJURY O	OCCURED F	ound lying
		7/			CYT	· Com		V
X YES 2 NO INER OF DEATH Natural 5 Pending Accident Investigation		NJUNY — AT NOME IER	,	, onice	Ully	or lown, State) 63	3 N. A	ISQUITH AUE
YES 2 NO INER OF DEATH Natural 5 Pending	28a. PLACE OF II	c. (Specify)				4 Hample	Mal	
	INER? YES 2 NO ER OF DEATH Istural 5 Pending	CASE REFERRED TO MEDICAL INVER? YES 2 NO ER OF DEATH Istural 5 Pending Investigation Investigation Investigation	CASE REFERRED TO MEDICAL INVER? YES 2 NO ER OF DEATH Istural 5 Pending Investigation Incide 8 Could not be	HOSPITAL: Inpetient 2 ER/Outpetient 3 DOA 4 Nursin	28. PLACE OF DEATH Second	CASE REFERRED TO MEDICAL INVER? VES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home X Recidence 8 Oth ER OF DEATH S Pending Investigation Investigati	ASE REFERRED TO MEDICAL INVESTIGATION OF INJURY AT WORK? ASE REFERRED TO MEDICAL INVESTIGATION (Specify) BR OF DEATH Continued of the continue of the con	ASE REFERRED TO MEDICAL INNER? VES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home X Residence 8 Other (Specify) ER OF DEATH Istural 5 Pending Investigation wildlede 8 Could not be determined Could not be determined 28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home X Residence 8 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO Set LOCATION (Street and Number or Bural Recipion Town, Stele) 6 3 3 N. A Recipion Town, Stele) 6 3 N. A Recipion Town, Stele) 6 3 N. A Recipion Town, Stele) 6 3 N. A Recipion Town, Stele) 6 3 N. A Recipion Town, Stele) 7 N. A Recipion Town, Stele) 7 N. A Recipion Town, Stele) 7 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion Town, Stele) 8 N. A Recipion

PENN STREET, BALTIMORE, MARYLAND 21201

O.C.M.E.

31. DATE FILED (Month, Day, Year)

DEC 3 1991 Julia Davidson-Rondale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

▶11/28/91

FOR

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D. BOX 68760,	edures that the death certificate he evenified within 34 per
3DS, P.O.	the death re
RECOF	a law remires that
DIVISION OF VITAL RECORDS,	
NOISIA	I OR ATTENDING PHYSICIAN TO
	HOSPITAL

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, L		YLAND / DEPAR CERTIF	ICATE OF	DEATH		REG. NO.				
	Dilsey	M She	broan			2. DAT MON	-		YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTN	0	6. BIRTNPL	ACE (State or Foreign	
	212-16-9636	1 DM 2 0 F	84 yrs.	MONTHS DAYS	HOURS MIN.	111	nth, Day, Year)	07	SOUT	H CAROLIN	
H	90. FACILITY NAME (If not Institution, &				OR LOCATION OF				Y OF DEAT	TN .	
DIRECTOR	UNIVERSITY Maryland Cancer Center Baltimore Bultimore RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION										
OIRE	MD 106. CO	UNTY	10c. CITY	BALTIMO						d. INSIDE CITY	
	10e. STREET AND NUMBER				f. ZIP CODE			10g. CITIZI		T COUNTRY?	
FUNERAL		TE AVENUE			21216	5			USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WOO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Yes, Pool of the company of the comp								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do NOT use refired.) BALTIMORE CITY PUBLIC SC										
BE CO	17. FATHER'S NAME (First, Middle, Lest) ELIAS ROBERTS 19. INFORMANT'S NAME (First, Middle, Meiden Surname) ANNETTE										
5	196. INFORMANT'S NAME (Type/Print) BELINDA JOHNSON 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 810 N. MONROE STREET, BALTIMORE, MD 21217 206. METNOD OF DISPOSITION										
	Burlet 2 Cremetton 3 Removal from State Completing Comp										
	21. SIGNATURE OF FUNERAL SERVICE		1/		ND ADDRESS OF F			H FUN	,		
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
ERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a Decp	ma cyto	ma	Visease Sis						
MEDICAL CEI	PART II. Other eignificant condi	tione contributing to deet	h but not resulting in	n the underlyin	g cause given ir	Part I.	24e. WAS AN / PERFORI	WED?	CO	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
4.4							No.			J 165 2 NO	
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. Pt OTHER:	ACE OF DEATH (C	heck only o	ne)				
PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATN	1 (Inpatient 2 ER/C	RY 26b. TIME		e 5 🗆 Reeldenca	_	SCRIBE NOW IN	IIIBY OCCIII	DED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ir) INJU	IRY WO	RK? (ES 2 NO	200.00	CHIBE NOW IN	JOH! OCCO!	TEU		
ETED E	3 Suicide 6 Could not 4 Nomicide detarmined	Dullding, etc. (3	JRY — At home, term, st Specify)	reel, factory, offic	TATE	281. LOC City	CATION (Street ar or Town, State)	nd Number or	Rural Route	Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PA	IVSICIAN: To the best of my kr	nowledge, death occurred	st the time, date	and place, and du	to the car	use(a) end mann	ner en stated.	cause(a) end	d mannar as stated.	
ш	296. SIGNATURE AND THE OF CENT				29c. LICENSE NU					nth, Day, Year)	
TO B	Terren (der	my Hou		~	D380	193		1	1/27	191	
	30. NAME AND ADDRES ON A STATE OF THE STATE	WNO COMPLETED CAUSE OF 22 32. REGISTRAR'S SI	S. Green		et Bo	altiv	nore 1	MY	212	.01	
	DEC 0 3 1991	Julia Davidson	- Randelle								



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the hospital or attending physic

THE NOTE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the restanced by the stream of the strea

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE	OF HEALTH AND M	ENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) SAMUE	L STF	MPER		2. DATE OF DEATH MONTH DAY	YEAR 05 30 M
TOR	90. FACILITY NAME (If not institution, give s BA 170, Co. Ger	30 M 2 □ F 7 9	YRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. OWN OR LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year) 10-21-21	8. BIRTHPLACE (State or Foreign Country) N C V TY OF DEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 10b. STREET AND NUMBER 10b. STREET AND NUMBER	ArbRUOK	10c. CITY, TOWN OR	LOCATION 101. ZIP CODE 2// 3	10g. CITIZ	10d. INSIDE CITY LIMITS? 11 YES 2 NO EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? YES 2 IF YES, GIVE WAR OR DATES	□NO If y	S DECENDENT OF HISPANIC ee, specify Cuben, Mexicen, YES 2 Specify	C ORIGIN? (Specify Yae or No—Puerto Rican, etc.)	14. RACE — American Indian, Bleck, White, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION 16e Completed) College (1-4 or 5+)	DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)	upation ing most of working el-ketine	16b. KIND OF BUSINESS/INDU	STRY
BE CC	17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)	TAMJER		Ellis	E (First, Middle, Maiden Surname) Cap Chec	/
70	SCKRY ST	Ampen	4007 S	TAR broo	ute Number, City or Town, State, Zip C	rv. nd. 2/132
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State cemetery	CE AND DATE OF DISPOSITION, Crematory or other places. AN ISE 1 0 22. NA	ON(Name of	DATE 20c. LOCATION - CI	s mills mel
	BeTTS F	-unexal A	kne 1	129 N.C.	moline St	
	23. PART I. Entar tha diseases, or cehock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	List only ona cause Dn aech DUE TO (OR AS A COM	Myou		INPARC	Interval Batween
CERTIFICATION	Sequantially liet conditions, if emy, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initietad evente reculting in deeth) LAST	DUE TO (OR AS A CON				
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions	s contributing to deeth but n	ot resulting in the unde	rlying causa given in Ps	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (Check	only one)	
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetiant 2 ER/Outpetian 28a. DATE OF INJURY (Month, Oay, Year)	28b. TIME OF 26 INJURY M	WORK?	Other (Specify)	RED
ETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, atreet, factory,	offica 2	 LOCATION (Street and Number or City or Town, State) 	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	SIAN: To the best of my knowledge R: On the best of examination end	, death occurred at the time for investigation, in my opin	deta and place, and dua to	the ceuse(a) end menner as stated	couse(e) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	an (m)		29c. LICENSE NUMBE		SIGNED (Month, Oay, Year)
_	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (D COURT	RD, RANG	PAZISTUUN	1 1021133
	DEC 03 1991	32. REGISTRAR'S SIGNATUR	E			

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give street and number)

Memorial Hospital

RESIDENCE OF DECEDENT

VIRGINIA

5. SEX

1 M 2 X F

HELEN

4. SOCIAL SECURITY NUMBER

236-54-7754

ED BY FUNERAL	Rd 3 Box 423	lineral			/	ser			
BY FUN	Rd 3 Box 423					-	. ZIP CODE		
BY	2110 0 0011 1100						26726		
E	11. MARITAL STATUS 1 Nerver Married 2 Married 3 Wildowed 4 Othersed	12. WAS DECEDENT EX FORCESY 1 [] IF YES, GIVE WAR	YES I	Anneo No	13.	If yes, sp	ENDENT OF Hi	ISPANIC lexican, I Specify:	ORIGIN? (Spe Puerto Rican,
	15. DECEDENT'S E (Specify only highest or		18a.	DECEDENT'	S USUAL (CCUPATIO	ON		16b. KIND
COMPLET	Elementary/Sectordary (0-12)	College (1-4 or 5+)	Но	memak		during mo	st of working		Se
8	17. FATHER'S NAME (First, Mixton, Last)						18. MOTNER	S NAME	(First, Middle,
BE (Wilbur L.	Rogers					Mary	I	eona
2	15s. INFORMANT'S HAME (TypeFrint)			19b. MAILIN	G ADDRES	S (Street a	nd Number or F	Rural Rou	te Number, City
	Neva M. Smith			Rt 4	Box 9	9 Ke	eyser,	WV	2672
	204, METHOD OF DISPOSITION 1 IABurial 2 C Cremation 3 I II	emovel from State		CE AND DATE			me of		DATE
	4 Denation 5 O-Other (Specify)	- A	Cab:	in Rur	1 Cem	eter	y Nov		
	21. SIGNATURE OF TUNERAL SERVICE	LICENTEE					ID ADDRESS O		
	X. Linia	Katille !	/			Rotri	ick Fur outh Ma	nera	1 Home
AL CERTIFICATIO	that initiated eventa resulting in death) LAST PART II. Other significant conditi	DUE TO (OR	191	np	77	Ol) causa givar	F in Par	11. 24a. V
O									F
SICIAN: MEDICA	25. WAS CASE REFERENCE TO MEDICAL EXAMINERS?	HOBPITAL:	Chitmatiane	3 [7 00A	ОТНЕ	R:	ACE OF DEATN		_ 1 □
Y PHYSICIAN: M	EXAMINERY 1 VEB 2 LOG 27. MANNER OF DEATH 1 LOGSUPE E Pending	HOSPITAL: 1 Inpatient 2 DER 28s. DATE OF HUI (Month, Day 19	JRY	28b. TI	4 🗆 Nui	R: sing Nome 28c. INJI WO	5 🗆 Reelder JRY AT RK?	nce 8 [_ 1 □
HYSICIAN: M	1 VES 2 G-MO	HOBPITAL: 1 Inpatient 2 CI ER 28s. GATE OF INJ. Marin, Dec. 19 28s. PLACE OF IN.	JURY — AI	28b. TII	4 Num	R: sing Nom- 28c. INJI WO I Y	JRY AT RK?	nce 8 [only one)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOURS

Cumberland

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

SMITH

YRS.

75

32984

REG. NO.

2. DATE OF DEATH DAY NOVEMBER 26, 1991 8:05 A M 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN
(Month, Day, Year)
April 4, 8. BIRTNPLACE (State or Foreign 1916 Keyser, WV 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Allegany 10d. INSIDE CITY LIMITS? 1 YES 2 X NO 10g. CITIZEN OF WNAT COUNTRY? U.S.A. 14. RACE — American Indien, Black, White, alc. Yea or No-White BUSINESS/INDUSTRY iden Surname) Miller Town, State, Zip Code) c. LOCATION — City or Town, State Keyser, WV 26726 Keyser, WV 26726 aspiratory arrest, **Approximata** intarval Batween Onset and Death וומחרור 2011381 UNE 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? S AN AUTOPSY S 2 LNO 1 YES 2 NO W INJURY OCCURED eet and Number or Rural Route Number, tate) menner se stated.

DHMH-18 Rev 1/89

Browning + poplare 12/10

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERT	IFICAT	E OF	DEATH	REG	NO.		
	1. OECEDENT'S NAME (First, Middle, Last) VIRGINIA MAE	SCHOO	LEY				2. DATE OF DEA	TH	1991	3. TIME OF DEATH 1:10 AM M
	4. SOCIAL SECURITY NUMBER 397⊶12–8606	1 🗌 M 2 🔀 F	AGE (In yrs. lest birth	MONTHS	DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRT (Month, Day, M April 1	nar)	Coun	HPLACE (State or Foreign ry) isconsin
TOR	90. FACILITY NAME (If not institution, give s 5 COPPS HILL CO RESIDENCE OF DECEMENT					ERSBURG	DEATH		MONT	GOMERY
6	10e. STATE tob. COUNT	Y	100	CITY, TOWN	ORLOCA	HOM				
CDIR	Maryland Mo	ontgomery		Gait	hers	burg				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL DIRECTOR	5 Copps Hill Cour				10	20879)	10g. CIT		WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13.	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 译NO Spec	ANIC ORIGIN? (Speci cen, Puerto Ricen, et iiiy:	fy Yes or No— c.)	t4. RAC Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			NT'S USUAL (d of work done OT use retired.)			16b. KINO 0	F BUSINESS/IN	DUSTRY	
APL	12	4		Nurse				Nurs:	ing	
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, M	alden Sumamel		
BEC	Harold Carter						ra Lippk			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRES	S\$ (Street a		Route Number, City		n Godel	
70	Harry H. Schoole	y,Jr.		ame as				10411, SINIE, ZI	D 0000)	
	20e. METHOO OF DISPOSITION 1 X Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND On cemetery, crematory Arlingt	ATE OF DISPO	SITION (Na	nme of	DATE 20	Arling		
	21. SIGNATURE OF FUNERAL SERVICE AND	CENSER	1 TTTTIE 0		NAME A	ID ADDRESS OF F				7 600
	23. PART I. Enter the diseases, or o	N- Day	he		P.O.	Box 50	arber Fu	onsvill	e Mi	20882
CERTIFICATION	Sequentielly liet conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events	DUE TO (Of	R AS A CONSEQUENCE	E OF):	MO	cone	morna	- of	lur	
CERTI	resulting in death) LAST	d								
EDICAL	PART II. Other eignificant condition	s contributing to da	eth but not resulti	ng in the u	nderlyln	g causa given li	PE	S AN AUTOPSY REFORMED?	248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
<u> </u>	EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	heck only one)			
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending	t Inpatient 2 El	JURY 28b.	TIME OF INJURY	28c. INJ WO		6 Other (Specify 28d. DESCRIBE H		CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	NJURY — At home, fer . (Specify)	rm, street, fec			281. LOCATION (S City or Town,	treet end Number Stete)	r or Rural I	Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the best of exem	knowledge, death oc	curred at the	time, date	end piece, end du	e to the cause(e) end o time, date end pled	d menner ee sta	ted. ne ceuse(c	e) end menner se stated.
BE	296. WOMATURE AND TITLE OF CENTIFIER	Dens	- ME			29c. LICENSE NU	MBER SOS	29d. OAT	E SIGNED	(Month, Day, Year)
0	30 NAME AND ADDRESS OF PERSON WH	3MCO.	LL, M	Type, Print)	901	Ohn	ey 128	1.02	ve,	MR 3083
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	son-Pan	dalle					3

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	1. DECEDENT'S NAME (First, Middle		757							2. DATE OF MONTH	D	AV	YEAR	3. TIME OF DEATH	
	WALTER NORMAN	5. SEX		105 //-						11	29	19	991	8:2	
10	203-10-2990	1 XM 2		40.5	last birthday)YRS.	MONTHS I		HOURS	MIN.	7. DATE OF (Month, D	av. Yearl		8. BIRT	HPLACE (State or Fore	
	98. FACILITY NAME (If not institution	. 41		71	THO.					04 2	5 1	920		NSYLVANIA	
œ						96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct he find within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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	diam.	

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las		hiort	-	2. DATE OF MONTH		YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. last birthday)	F UNDER 1 YEAR IF UNDER	24 HRS. 7. DATE OF	BIETH	8. BIRTHPLACE (State or Foreign			
	214-34-2843	1 M 2 F		ONTHS DAYS HOURS	MIN. (Month, E	Day, Year)	Country)			
	9e. FACILITY NAME (If not institution, give	X	- Landerson - Land	b. CITY, TOWN OR LOCATI		26,1912	MAryland INTY OF DEATH			
Œ	IVY HallGor	patric Con	both			BE	AUTIMOTP.			
18	RESIDENCE OF DECEDENT	ICATIC GIT	0,710			1 10.	10.1110.0			
DIRECTOR	Md. 106. COUR	Baltimore	10c. CITY, 1	rown or location Esse	×		10d. INSIDE CITY LIMITS? 1 YES 2 K NO			
FUNERAL	10e. STREET AND NUMBER			101, ZIP COO	E	10g. CIT	IZEN OF WHAT COUNTRY?			
当	2203 Riversid				21221	USA				
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR O	2 1NO		OF HISPANIC ORIGIN? en, Mexicen, Puerto Ric Specify:		14. RACE — American Indian, Black, White, etc. Specify:			
	15. DECEDENT'S E		16a. DECEDENT'S US			INO OF BUSINESS/IN				
ETED	(Specify only highest green Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life, Do NOT use i	k done during most of working etired.)	ng					
필	12th		Houses	vife						
Once.	17. FATHER'S NAME (First, Middle, Last)				HER'S NAME (First, Mid	idle, Maiden Surneme)				
BE (James O. Yo	rk				cElrov				
TO E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number	r or Rural Route Number	City or Town, State, Zi	ip Code)			
9 -	Lou Stuart			Riverside			e Md 21221			
nst	20e. METNOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremetion 3 □ Re	emoval from State of	cemetary, crematory or	other place)	OATE	17171 11111111	City or Town, State			
E	4 Donation 5 Dotter (Specify) EbenezerMethodistChurch 12/3/91 BAltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
examin	Connelly Fundal Home Connelly Funeral Home 300MAceAve. 21221									
dica	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory srrest, ehock, or heart-aliure. Liet only one cause on each line.									
or other traumatic event, the medical examiner must be notified at once. TO BE COM	IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. METATTATIC COLON CANCER									
Nen Nen	OUE TO (OR AS A CONSEQUENCE OF):									
on aft	Sequentially list conditions, b. BREAST CANCER									
ry, or other traumatic	Sequentiely list conditions, If eny, leeding to immediate cause. Enter UNDERLYING									
FIC.	CAUSE (Disease or injury									
\$ E	thet initiated events resulting in deeth) LAST									
S S	G.									
hows any injury, MEDICAL CE	OF DEATH?									
69										
ed, or item 23 shows PHYSICIAN: MEI	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
	1 TYES 2 DENO		1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)							
is marked, D BY PH	27. MANNER OF DÉATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME*	OF 28c. INJURY AT WORK? 1 YES 2	1227230	RIBE NOW INJURY OF	CCURED			
28 世	3 Suicide 8 Could not 4 Nomicide determined		Y — At home, form, atr	eet, factory, office	28f. LOCAT City or	TION (Street and Number Town, State)	er or Rural Route Number,			
IMPORTANT: If Item O BE COMPLE	one)	IYSICIAN: To the best of my know					ated. the ceuse(e) and menner se stated.			
ORTA	29b. SIGNATURE AND TITLE OF CERTI	ALER AT	TENDIN	29c. LIC	CENSE NUMBER		TE SIGNED (Month, Day, Year)			
TO B	Mervalla	~ AI		() (34)	29011		12.2.5/			
1	R. KRISHNAN,	MNO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Typo, F	rini) -W ST =	#30/	BALT INC	ORE MO 2/20/			
1	31. DATE FILED (Month, Day, Year) DFC 0 3 1991	32. REGISTRAR'S SIGN	NATURE - Randa 90			al Tal				

TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF H	EALTH AND	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last) Leonard		Stit			2. DATE OF GEATH MONTH NOV. 27,	200	YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 212-12-7537	1 ☑ M 2 ☐ F	70 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 16,		Countr	PLACE (State or Foreign	
DIRECTOR	99. FACILITY NAME (If not institution, give s 1 Brett Court RESIDENCE OF DECEDENT	Apt/318		_	SSEX	EATH	9c. COUN		EATH Ltimore	
		Baltimore	10c. CITY	TOWN OR LOCAT	Sex				10d, INSIDE CITY LIMITS? 1 YES 2 XNO	
FUNERAL	1 Brett Court				2122			USZ	HAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 MO Specia	NIC ORIGIN? (Specify Yon, Puerto Rican, atc.) y:	ns or No-	14. RACE Black Specifi	- American Indian, , white, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) Callege (1-4 or 5+)	life. Do NOT use	ork done during mo. retired.)	ON st of working	16b. KIND OF BU	JSINESS/INDU	STRY		
E COM	17. FATHER'S NAME (First, Middle, Lest) George Stite	ly	Mech	ante		ME (First, Middle, Maider	Sumame)			
TO BI	190. INFORMANT'S NAME (Type/Print) Etta Stitely					Route Number, City or Tox			21221	
	20e. METHOD OF DISPOSITION 1 Burlal 2 Demention 3 Removal from State 4 Doneston 5 Other (Specify) Metro Crematory Inc. 12/2/91 Baltimore Md.									
	Connelly F	undal H	lome	Conne	ellyFune	ralHome 30	0MAce	Ave.		
	23. PART I. Enter the disease, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory errest, interval Batwonset and Done cause on each line. Approximate interval Batwonset and Done cause or condition. Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	Unonic alcoholism PERFORMED? 1 □ YES 2 DNO □								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpellant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 1 YES 2 NO									
ETED	3 Sulcide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, fectory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the beet of my knowle	edge, death occurred and/or investigation,	at the time, date a	and piece, and due	to the ceuse(s) and me time, date end place, er	nner as stated	l. cause(e)	end manner es atated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER J. C. J. J. J. J. J. J. J. J. J. J. J. J. J.	My.			29c. LICENSE NUN	18ER 632	29d. DATE	SIGNED (Month, Day, Year)	
)	J. C. CUONOVAV 31. DATE FILED (Month,-Day, Year)	M) 211	2 DUN		AVE.	BILTO). N	18-	21222	
3	DEO 0 0 4004	10. K : 1 7	2 0 00							

and the test of the

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

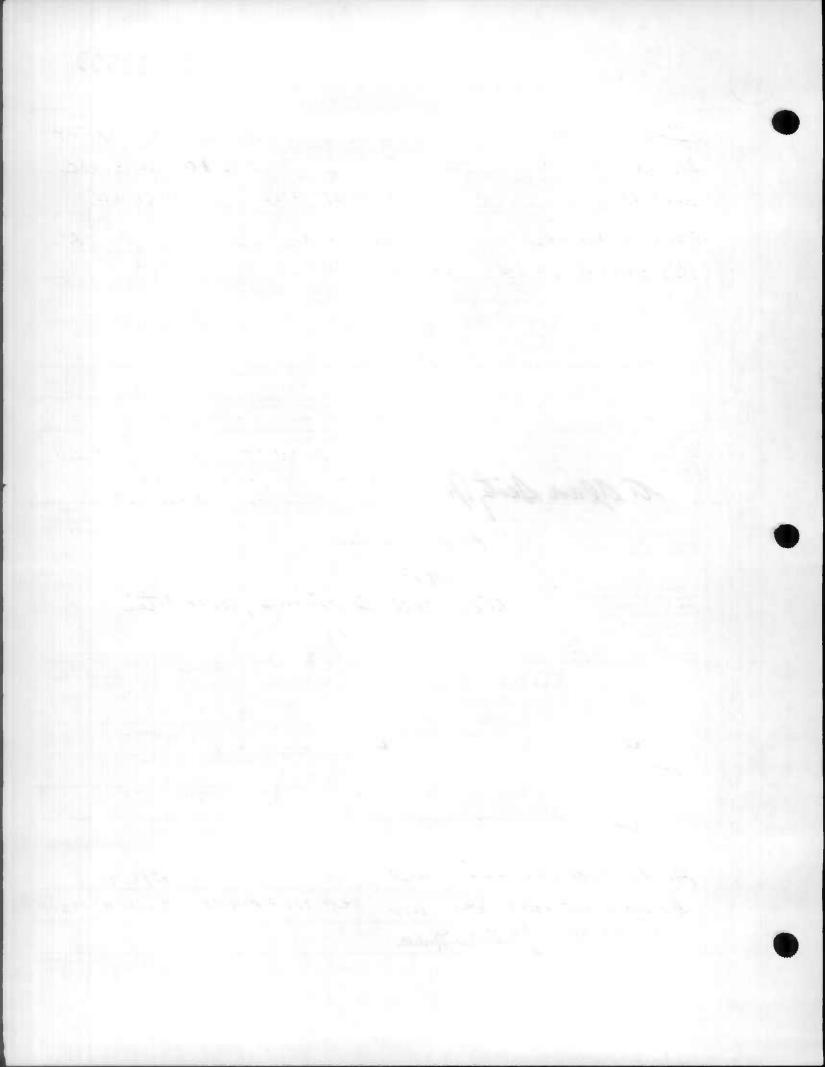
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

(H)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG	. NO.				
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT		3. TIME OF DEATN			
IRA STAI	44			//	30 9	1 1250PH			
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 H		H 8.	BIRTNPLACE (State or Foreign Country)			
215-03-5365 96. FACILITY NAME (If not institution, give s	1 M 2 🗆 F	XXX 81 YRS.	b. CITY, TOWN OR LOCATION (10-16.	460	Baltimore.			
BELFOREST RESIDENCE OF DECEDENT	treet and number)	100	FOREST H			CFORD			
10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY			
MARYLAND HARF	URD	FO	REST HILL			1 YES 2 NO			
100. STREET AND NUMBER	VALLEY	DRIVE	101. ZIP CODE 2/05	50	10g. CITIZEN	of what country?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF NISPAN If yes, specify Cuban, Mexicor 1 YES 2 NO Specify					RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done during most of working	16b. KIND O	F BUSINESS/INDUS	TRY			
Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)	life. Do NOT use i	NOT use retired.) REHOUSEMAN						
17. FATNER'S NAME (First, Middle, Last)			16. MOTNER	'S NAME (First, Middle, M	laiden Surname)				
HENRY THOMA	AS STAHL		HI	ESTER					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or I	Rural Route Number, City	or Town, State, Zip Co	de)			
NEAL STAHL	314 B	RIGHT OAK DR	IVE, BEL-A	IR, MARY	LAND 21015				
20e. METHOD OF DISPOSITION				314 BRIGHT OAK DRIVE, BEL-AIR, M. ACE OF DISPOSITION (Name of committer), cremetory or					
fX Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	3 — Removed from State other place) MORELAND MEMORIAL PARK 12/3/91 BALTIMORE, MARYL								
21. SIGNATURE OF FUNERAL SERVICE LIC		HORDBRIND TIE	22. NAME AND ADDRESS		DIDITIO	the ranciality			
660.	10-1	6/1	A. ALAN SET	ITZ, JR. F	UNERAL HO	OME			
23. PART I. Enter the diseases, or shock, or heart failure.	complications that	used the death. Do not on each line.	3818 ROLANI Lenter the mode of dying,			t, Approximate Interval Between			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Onset and Death									
DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions 6. CHF									
Sequentially list conditions, If any, leading to immediate									
CAUSE (Disease or Injury C. Cley Cell Carcinoma metostale									
DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST									
PART II Other significant condition	d								
FART II. Other significant condition	ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFOR								
		OF DEATH?							
	1 TES 2 NO								
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)									
EXAMINER?	HOSPITAL:		OTHER:						
1 YES 2 NO	1 Inpatient 2 ER		OF 28c, INJURY AT		The state of the s				
27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28e. DATE OF INJI (Month, Day, Y	(Ser) 28b. TIME (NOT) INJUI	O 28d. DEŞCRIBE I	28d. DESCRIBE NOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF IN. building, etc.	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
onel			at the time, date end place, en			ceuse(e) end manner ee stated.			
29b. SIGNATURE AND TITLE OF CERTIFIE	Roleones	e. his	29c. LICENS	E NUMBER	29d. DATE S	SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WI		OF DEATH (ITEM 27) (Type, F	rint) 125 N	- MAIN	St. BO	ima, mod			
DEC 03 199	1 Julia Dav	,							

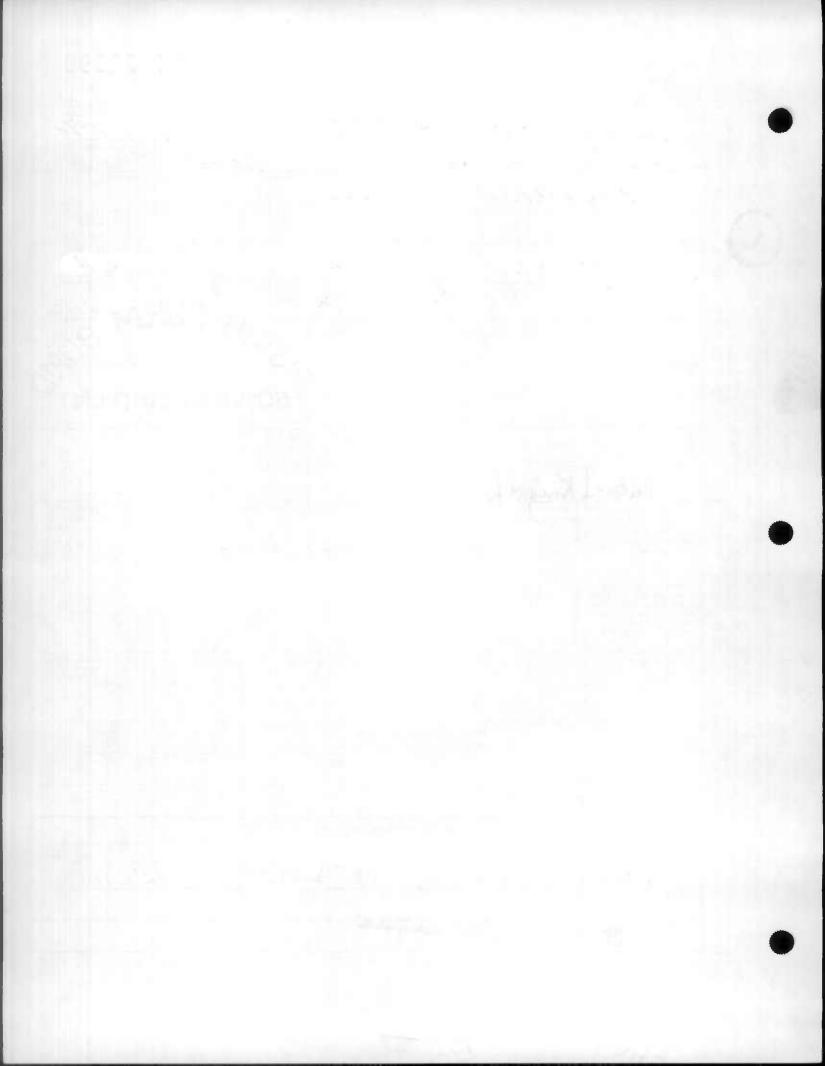


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ation,	the
crem	
nior to burial,	any injury, or other traumatic event
ygiene p	other
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d Menta	Injury,
1 an	N.
Dept. of Health and	23 shows ar
Dept.	23
-	=

	FOR 1 STATE	STATE OF MARYLAND	/ DEPAF	RTMENT	r of H	EALTH AN	ID MENTA	L HYGIEN	91	3	2990
	1. DECEDENT'S NAME (First, Middle, Last)	M . S//	ERTIF	ICATI - T	OF	DEATH	2. DATE			EAR 3	TIME OF DEATH
DIRECTOR	800-02-1657	5. SEX 6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HI	/44	OF BIRTH th, Day, Year)	- 0	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give atre	eet and number)		9b. CITY		altimor			9c. COUNTY		
INEC	10a. STATE 10b. COUNTY Maryland		10c. CIT	ry, town		ore Ci	+v				Dd. INSIDE CITY LIMITS?
BY FUNERAL	10a. STREET AND NUMBER			DO	_	. ZIP CODE	Ly		109. CITIZE		X YES 2 NO
	2100 E. Lake Ave	enue			1		212	18			States
		12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	RMED NO	13.	If yes, sp	ENDENT OF HI ocity Cuban, Mi 2 NO S	SPANIC ORIGI	N? (Specify Ye		RACE - Black, \	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	completed) (0	e. Do NOT u	work done	during mo	ON si of working	16	b. KIND OF BU	SINESS/INDUS	TRY	
OM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME (First,	Middle, Maiden	Sumame)		
BEC	William V	/an Rossum				Nel	lie	Laffe	erty		
TO BI	19a. INFORMANT'S NAME (Type/Print) James W. Scheide 7 Mullingar Court Timonium, Maryland 21093										
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Loudon Park Cemetery 12/3/91 Baltimore Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road										
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EQUENCE C	Algoria		da of dying,			iretory arres	t,	Approximate interval Batween Onsat and Daeth Menuls
	resulting in death) LAST d. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING:										
PHYSICIAN: MEDICAL								PERFORMED? 1 YES 2 NO			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SIC	EXAMINER? HOSPITAL: OTHER: OTHER:							er (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Neturat 5 Pending 2 Accident Investigation	ANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. tNJURY AT WORK? WORK? WORK? WORK? WORK? WORK?					ESCRIBE HOW	INJURY OCCU	RED		
ED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm,	atroot, fac	ctory, offic	:8		CATION (Street y or Town, State	and Number or))	Rural Ro	ute Number,
COMPLET	one)	CIAN: To the best of my knowledge, on the beels of examination and/or									and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	187m	_			DIZ	NUMBER		29d. DATE :	SIGNED (Month, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) /5m	o Printi							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day 1847)



REG. NO

2. DATE OF DEATN

FOR

1 -

STATE REGISTRAR

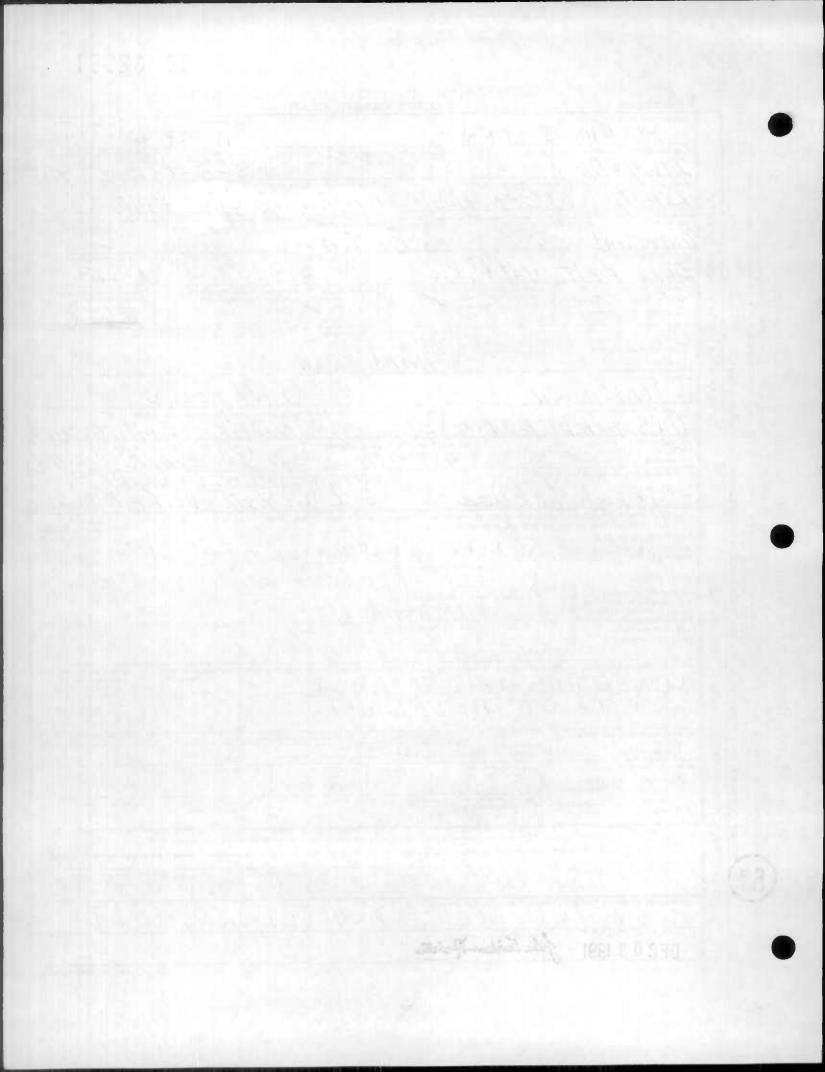
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NOF	VISION OF
	VISIO

1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTNPLACE (State or Foreign DAYS HOURS burial-transit permit. Pages 1, 2, 3 should WN OF LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10b. COUNTY 10d. INSIDE CITY Alonsvi 1 TES 2 NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 DAO Specify: 24 hours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DINO IF YES, GIVE WAR OR DATES American Indian, White, alc. 1 Never Merried 2 Married BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g page 5 should be detached for Elementery/Secondary (0-12) College (1-4 or 5+) be notified at once. 17. FATNER'S NAME (First Middle, Last) 18. MOTHER'S NAME (First, Midgle, Malden Surname) BE 19b. MAILING ADDRESS (Street 9 PLACE AND DATE OF DISPOSITION IN must director, 1 ■ Burtst 2 □ Cremation 3 □ medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PASTA. Enter the diseases, or complications that caused the der shock, or heart failure. List only one cause on each line. implications that caused the death. Do not enter the Interval Between **IMMEDIATE CAUSE (Finel** the Onset end Death disesse or condition resulting in deeth) traumatic event, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF). If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 23 shows any injury, PART II. Other significant conditions contributing to death but not requiring in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 □ Nursing Nome 5 □ Realdanca 6 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, Ierm, street, lactory, office building, etc. (Specify) 60 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 28 4 Nomicide item 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner se stated. PAL 72 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurse at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OR CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) au 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 12. REGISTRAR'S SIGNATURE -DEC 0 3 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



the hospital or attending physic detached for use as the burial-BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLE	TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION
examiner must be notified at once.	NPPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ie funeral director, page 5 should be detached for ai.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
usasi. Lage o may be retained by the mospital of	10 THE MUSTINE OF HISTORIAN THE TAY IN THE TAY TO COME OF THE TAY

	- SIAIL	STATE OF MARYLAI						32992	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ARTHUR R. T	YSON	CERTIF	ICATE OF	DEATH	REG. NO 2. DATE OF DEATH MONTH D. NOV 2	AY Y	3. TIME OF OEATH 1 8:40 p.m.	
FUNERAL DIRECTOR	214-34-4362	X M 2 □ F	yrs. last birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) JUNE 16,1	926	BIRTHPLACE (State or Foreign Country) MARYLAND	
	9a. FACILITY NAME (If not institution, give stree 112 CONSTITUTION RESIDENCE OF DECEMENT				DESVILLE	EATN	9c. COUNTY	HARFORD	
	10a. STATE 10b. COUNTY MARYLAND H	ARFORD	10c. CIT	Y, TOWN OR LOCA PY	TION LESVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO	
FRAL	112 CONSTITUT	ION ROAD		10	1. ZIP CODE 21132		10g. CITIZEN	USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2. Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 1 YES IF YES, GIVE WAR OR DATE	2 2 NO	If yes, a	cendent of NISPAI becify Cuban, Maxica 5 2 XNO Specifi	NIC ORIGIN? (Specity Ya an, Puerto Rican, etc.) y:	n or No— 14	. RACE — American Indian, Black, White, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12) 12	TION 1 mpleted) College (1-4 or 5+)	(Give kind of life, Do NOT u	usual occupat work done during m se retired.)		166, KIND OF BU			
BE CO	17. FATHER'S NAME (First, Middle, Last) HARRY R. TYSON				REAT		EN		
101	19a. INFORMANT'S NAME (Type/Print) EVELYN M. TYSON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 112 CONSTITUTION ROAD PYLESVILLE MD 21132								
	20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	PLACE OF DISPO other place) FAWI	SITION (Name of C	CEMETERY		WN GRO	y or Town, State VE PA	
	22. NAME AND ADDRESS OF FACILITY HARKINS FUNERAL HOME, INC. 600 MAIN STREET DELTA PA 17314								
7	Approximate interval Batween Oneet and Daath Approximate interval Batween Oneet and Daath Bue To (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL C	PART ti. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part Chronic. Lymphocytic leukeuse COPD						N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Important 2 ER/Outpatient 3 DOA 4 Nursing Nome 6 To Headdence 6 DOA 1 Nursing Nome 6 To Headdence 6 DOA 1								
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	ME OF 28c. II	26d. DESCRIBE HOW	INJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY - building, atc. (Specif	Al home, farm,	atraal, factory, off	Ca	26f. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLET	one)	AN: To the best of my knowle On the besis of examination						cause(a) and manner as stated.	
TO BE C	296. SIGNATURE AND WILE OF CERTIFIED	respense			29c. LICENSE NU	65E PA	29d. DATE S	SIGNED (Month, Day, Year) OV 30, 1991	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (700)	e Print!					

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ROLB (LIMIRE TO AD DAT (ASTOW)

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

ALLE SEVILLE APPLIES

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should	ed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal. ORTANT: If Item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE P	IMPORT

	FOR 1 . STATE	STATE OF MARYL	AND / DEPAF	RTMENT OF I	HEALTH AND	MENTAL F	IYGIENE	9	1 3	2993
	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				TIME OF DEATH
	DOROTHY TH	DRNTAN				MONTH	2 DAY	2	YEAR	5.15 pui
		5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		T	8. BIRTHPL	ACE (State or Foreign
	230.05.1709	1 M 2 F	74- YRS.	MONTHS DAYS	HOURS MIN.	(Month, Di	7 1 /	17	Country)	
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF D	DEATH	1	9c. COUN	TY OF DEAT	a
OR	SINAI HOSPIT	TAL		man,	TIMOR			70	LTIM	
5	RESIDENCE OF DECEDENT				177-07			2011	CITTOL	UNG
DIRECTOR	10a. STATE 10b. COUNTY	A ,	10c. CIT	Y, TOWN OR LOCA	1 0 -				10	d. INSIDE CITY
	BAB MU BI	ALTO.		BALTI	MORE				11	YES 2 NO
M	10e. STREET AND NUMBER			10	1. ZIP CODE	,		10g. CITIZ	EN OF WHA	T COUNTRY?
当	4 722 WRENN	ROD AVE	P		21×10				USA	
FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yaa o	r No-	14. RACE -	Amarican Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES ATES	If yes, sp	ecify Cuban, Maxic 5 2 57 NO Speci		n, atc.)		Black, W Specify	
				X				1	Bla	ck
TED	15. DECEDENT'S EDUCAT (Specify only highest grade co	FION impleted)	(Give kind of v	USUAL OCCUPATION	ON ost of working	16b, KIN	D OF BUSIN	IESS/INDL	ISTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	· · · · ·		0.4	osse	c D	1 a calc	rro 1 1
COMPL			Asser	прту		CI	osse	& E	Lack	well
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N					
8	Johnnie	Hayes				Lu:		Mann		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, (City or Town,	State, Zip (Code)	2
	Otis Thorn	iton	4/22	Wrenwo	ood Ave	· Bal	to.,	Ma.	2121	2
	20a, METHOD OF DISPOSITION 1 Meriel 2 Cremation 3 Remove	al from State	PLACE AND DATE O	OF DISPOSITION (NE	ame of	DATE	20c. LOCA	TIDN — C	Ity or Town,	Stata
	4 Donetton 5 Other (Specify) Garrison Forest				cest		Ow:	ings	Mil	1s, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons									
	Mamon a	. Worton		1						
	The same of the sa			170	1 Laure	ens St	. Ba	1to	. , Mo	d. 21217
	Interv							Approximate interval Batwaan		
	IMMEDIATE CAUSE (Final disease or condition with 340 AA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA							Onset and Daath		
	resulting in death) a. HETELER MORPHY MUNITY SC PS							5 DAYS		
	DUE TO (DR AS A CONSEDUENCE OF):									
ON	Sequentially list conditions, a. HYPEROSMOZAR COMA 35 DAYS									
CERTIFICATION	If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
FIC	CAUSE (Disease or injury & c. 177001111 CE PETVICTY (DITIBLE S MELLI) US									
	that Initiated events DUE TO (DR AS A CONSEDUENCE OF): resulting in dasth) LAST									
8	d									
. 11	PART ii. Other significant conditions of	contributing to death be	ut not rasulting I	n tha underlying	g causa givan in	Part I. 24s	. WAS AN AU	TOPSY	24b. WE	RE AUTOPSY FINDINGS
5							PERFORME	1	AWA	ILABLE PRIOR TO MPLETION DF CAUSE
							YES 2	NO	OF	DEATH?
2			-			_			1 [YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
<u> </u>	EXAMINER? HOSPITAL: OTHER:									
¥	27. MANNER OF DEATH	1 Inpatient 2 ER/Dutpatient 3 DOA 4 Nursing Homa 5 Realdence 8 Other (Specify)								
	1 Natural 5 Pending	(MONA), IOSI, IOSI/					BE HOW INJU	JRY OCCU	IRED	
B₹	2 Accident Investigation M 1 YES 2 NO									
	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, tarm, street, tactory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER									
린	(Check only	N: To the best of my knowle								
Š I	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	n, in my opinion, de	eath occured at the	time, data and	place, and d	lus to the	cause(a) and	manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	21	9d. DATE S	SIGNED (Mor	oth, Day, Year)
	LISAS ABI	RAMS. N	1. D.					12	12/9	7/
2	30. NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE DF DEA	TH (ITEM 27) (Type,	Print)					/ / / 1	/
	31. DATE FILED (Month, Days Year) 4004	AL HOSPITI	12 130	ELVE DE	REA	T GR	EENS	PRIN	16 B	MUTO, MA,
	DEC 03 1991	32. REGISTRATE SIGNA FUND WOUNDS	on-Randell	_						7.1215

1. DECEDENT'S NAME (First, Middle, La	ist)		<u> </u>	IOAIL	- OF	DEAT	Н	2 DAT	REG. NO.				
	Anna			ре				11		7 9	YEAR 91	6:15	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	of BIRTH	1	Country	LACE (State or Foreig	
212-09-1008 9a. FACILITY NAME (If not institution, gir		00		9b. CITY	TOWN C	R LOCATIO	ON OF DE						
Ivv Hall Ger	iatric C	enter				le R				Bal-			
RESIDENCE OF DECEDENT 10a. STATE 10b. COU				Y, TOWN O									
Maryland			100,000	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TI EOGA		lti	mor	20		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10e. STREET AND NUMBER					101	. ZIP CODE		IIIOI	6		N OF WHAT COUNTRY?		
4002 Walnut A				21							USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED XINO	If yes, specify Cuban, Maxican, Puarto Rican, atc.)							4. RACE Black, Specify	- American Indian, White, atc. White	
15. DECEDENT'S E (Specify only highest gr	DUCATION rade completed)								b. KIND OF BUS				
Elementary/Secondary (0-12)	College (1-4 or 5-	,	(Give kind of ville. Do NOT us		oning tho	SI OF WORKER	9		pring Ospit				
17. FATHER'S NAME (First, Middle, Last)						18. MOTH			Middle, Malden	Surname)			
OSCAT PU	ılliam		401 041111					lvi					
Philip H. Te	ine								alto.			206	
20a. METHOD OF DISPOSITION										CATION — CI			
1 X Suriat 2 Cremation 3 R 4 Donation 5 Other (Specify)		Lor	crematory or of	Pa	rk	Cem.	1	1/3		oodla			
21. SIGNATURE OF FUNERAL SERVICE	DENSET /	left		22.1	NAME AN	D ADDRES	S OF FAC	LITY	1 Hom				
George F	. MacNat	b		3	01	Fred	leri	ck	Road	Ral	.A.	. MD 21	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. A V	COR AS A CONS	ios C	LE	RO.	ri's	ARI	RE	.5 /				
PART II. Other significent condition	lons contributing to	death but no	t resulting l	n the und	deriying	cause g	iven in P	Part i.	24a, WAS AN PERFORI 1 YES 2	MED?		VERE AUTOPSY FINDINALLABLE PRIOR TO COMPLETION OF CAUSE DEATH?	
	HOSPITAL:					ACE OF DE	ATH (Chec	ck only o	ne)		1		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ER/Outpetient	3 DOA	OTHER 4 X Nurs	ing Home	5 🗆 Ras	idanca 8	□ Othe	er (Specify)				
EXAMINER? 1 YES 2 X NO	1 Inpalfant 2							204 05	SCRIBE HOW IN	LILIEN ACCU	RED		
EXAMINER? 1 VES 2 X NO 27. MANNER OF DEATH 1 X Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b, TIMI		28c, INJU WOI	RK?		280. DE	JOHIBL HOW II	JUNT OCCU			
EXAMINER? 1 VES 2 X NO 27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	INJ	M	1 Y		NO	281. LOC	CATION (Street a		Rural Ro	Ite Number,	
EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 3 Suicide 8 Could not 8 detarmined 29a. CERTIFIER (Check only) 1 X CERTIFYING PH	28e. DATE OF (Month, D	INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge,	home, tarm, a	freet, facto	WOI 1 Y Pry, offica	es 2 and place,	NO and due to	281. LOC City	CATION (Street a or Town, State) use(a) and man	nd Number or			
EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 3 Suicide 8 Could not 8 detarmined 29a. CERTIFIER (Check only) 1 X CERTIFYING PH	28s. DATE OF (Month, D be) 28s. PLACE O building. YSICIAN: To the besi of an order of the besi of an order of the besi of an order of the besi of the	INJURY oy, Year) FINJURY — AI atc. (Specify) my knowledge, camination and/o	home, term, a desth occurre or investigation	of at the tiren, in my op	WOI 1 Y Pry, offica	and place, eath occure	and due to	281. LOC City o the car ime, data	CATION (Street a or Town, State) use(a) and man	nd Number or ner as stated I dus to the o	CRUSO(R) (ind mannar as stated	

1, 2, 3 should

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		YGIENE EG. NO.
	DECEDENT'S NAME (First, Middle, Last)	L.	2. DATE OF D	DAY

1. 5	DECEDENT'S NAME (First,	Middle, Last)	L.						2. DATE MONTH	OF DEATH DA	Y 9	YEAR	3. TIME OF DEATH
4. 5	SOCIAL SECURITY NUMBER 213034	O 4-8	5. SEX 1 2 M 2 D F	6. AGE (In yrs. 73	lest birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DE BIRTH Day, Year) 3/191	0	Counti	
	FACILITY NAME (I not in	Rave		ital				MOre.	DEATH	3/ 191		M(
)	. STATE	10b. COUNT	r			ry, Town o							10d. INSIDE CITY LIMITS?
100	Md.				Ba	altı		e, Mar	yland	1	1 ☑ YES 2 ☐ NO WHAT COUNTRY?		
	1 Sout	h Hig	hland A	venue			21	224			U.	S.A	
	MARITAL STATUS Never Married 2			MAR OR DATES	ARMED NO			ecify Cuban, Maxic 2 X NO Spec	an, Puerto F		or No—	14. RACI Blac Spec	
	Widowed 4 Divo	orced	l ww	II				wn:	ıte				White
	(Specify onl	CEDENT'S EDU ly highest grade 0-12)			DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO during mo	ON est of working	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
8	th			C	ook				re	estau	rant		
17.	FATHER'S NAME (First, M							16. MOTHER'S N	AME (First, A	fiddle, Maiden	Surname)		
	Virginio	Vel	li	- 0.01	-			Giovan	nna S	arto	ri		
1 190	Joseph F		1:		196. MAILING	SOU	s (Street &	nd Number or Rura Highla	nd A	refiger Town	n, Stota, Zi		more, Md.
20s	. METHOD OF DISPOSIT Burlel 2 Crematic Donetion 5 Other	TION on 3 - Rem	oval trom Stata	20b. PLA	CE AND DAT	E OF DISP	OSITION	(Name	DATE	20c. LO	CATION —	City or To	own, Stata
	SIGNATURE OF FUNERA			- Inouc	JOH F	22.	MAME A	Ly Rede	eemer	Ba	Ltim	ore	, Md
	Visey	un.	Zen	exo)	}			imore,	_			24	
di re	IMEDIATE CAUSE (Filesease or condition auiting in deeth) equentially list conditions in the condition in th	tions,	b. DUE TO	O (OR AS A CON				to long	+	liver			
the re-	AUSE (Disease or injuet initieted events suiting in deeth) LAS	JIY S	d.	OR AS A CON	SEQUENCE (OF):							
PA	ART II. Other significa	failo		o death but no	ot resulting	in the u	nderlyin	g ceuse given i	n Part I.	24e. WAS AN PERFOR	RMED?	241	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
25.	WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:					LACE OF DEATH (Check only on	10)			
5	1 TES 2 NO	7111-	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 Realdence	6 🗆 Othe	r (Specity)			
	MANNER OF DEATH Natural 5 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DES	SCRIBE HOW	NJURY OC	CURED	
3		Could not be datermined	28e. PLACE building	OF INJURY — At , etc. (Specify)	home, ferm,	street, fac	tory, offic	ca.		ATION (Street or Town, State)		r or Rural	Route Number,
296	and and		ICIAN: To the beat of										(a) and manner as stated.
291	b. SIGNATURE AND TITLE	Park	VA	RORE -	>			29c. LICENSE N	UMBER		29d. DAT	Z//	(Month, Day, Year)
30.	NAME AND ADDRESS O	F PERSON WI				oe, Print)							
31.	DATE FILED (Month, Day)	199		A SIGNATURE	- North		å						MA ON

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND	MENTAL HYGIENE	
REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.	
1. OECEOENT'S NAME (First, Middle, Las	,			2. OATE OF OEATH	YEAR 3. TIME OF OEATH
JOHN	R. WHITE			1) 28	91 1150A
4. SOCIAL SECURITY NUMBER 2.16-18-5070	5. SEX 6. AGE (In yrs.	last birthday) IF UNI YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, giv	e street and-number)	9b. CI	TY, TOWN OR LOCATION OF	100 / 2	INTY OF DEATH
BALLINOY C RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	or cenige	S/J /c	OF LOCATION	re City E	Alto Co.
		BA	110. KANO	dalls Town	10d. INSIDE CITY LIMITS? 1 Pes 2 No
10e. STREET AND NUMBER 13. MARITAL STATUS	rty Hok A	We. Ate	3, 2121	15	IZEN OF WHAT COUNTRY?
1 Never Married 2 Married 3 Widowed 4 Divorced	12/WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 { IF YES, GIVE WAR OR OATES		3. WAS OECENOENT OF HISP If yee, specify Cuban, Maxi 1 YES 2 10 Spe		14. RACE — American Indian, Black, White, atc.
15. OECEOENT'S E	DUCATION III.	DECEDENT'S USUAL		186, KIND OF BUSINESS/IN	BIACK
Elementary/Secondary (0-12) 17. FATHER'S NAME (Fest, Minne, Last)	College (1-4 or 5+)	Ne. Do MOY use relies	w during receit of working ()		
TZ. PATHEN'S NAME (First, Militia, Last)	ul ota		18. MOTHER'S	IAME (Figst, Mickelle, Malchen Surname)	114
JOHN U	10110	on Main and America	No	The WI	2/0
Mrs. Elizar	beth white	43042	iberly H	of hour number can a roung soon as	Bp/1/219
20a. METHOD OF DISPOSITION 1 □ Burtel 2 □ Orsination 3 □ Re 4 □ Donation 8 □ Other (Specify)		E AND DATE OF DISPLETE		DATE DICCOCATION -	City or Toyet, State
21. SGNATHRE OF FUNERAL SERVICE	LICENSEE P	2	September	EUSS FUN	enst Hom
23. PART I. Enter the diguses, o	, d, cuss	1 6	2225 (01)	North Ave, 1	BAKE MOSIZ
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. NoN SMA	ine.		VG CARCIN	Interval Batwe
	DUE TO (OR AS A CONS				
Sequantially list conditions, if any, laading to Immediata cause. Entar UNDERLYING	DUE TO (OR AS A CONS	SEOUENCE OF):			
CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):			
PART II. Other significant condition	ons contributing to death but no	t rasuiting in the u	undarlying cause given i	n Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
				PERFORMED? 1 YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C	theck only one)	
1 TYES 2 NO	1 Inpatient 2 ER/Outpatient	3 DOA 4 N	ER: ursing Home 5 🗌 Residence	8 Other (Specify)	
27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	CURED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e PLACE OF IN HIDY		t YES 2 NO	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
29e. CERTIFIER (Check only one)	SICIAN: To the best of my knowledge,	death occurred at the	time, date end place, and du	s to the cause(s) and manner as stat	ed.
2 MEDICAL EXAMINATION OF CERTIFIE OF CERTIFIE	IER: On the basis of exemination and/o	or investigation, in my			
L (lav) LU		29c. LICENSE NU	7333 DATE	E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DEATH (IT	TEM 27) (Type, Print)	VOALSTO	1.	- 0 1/

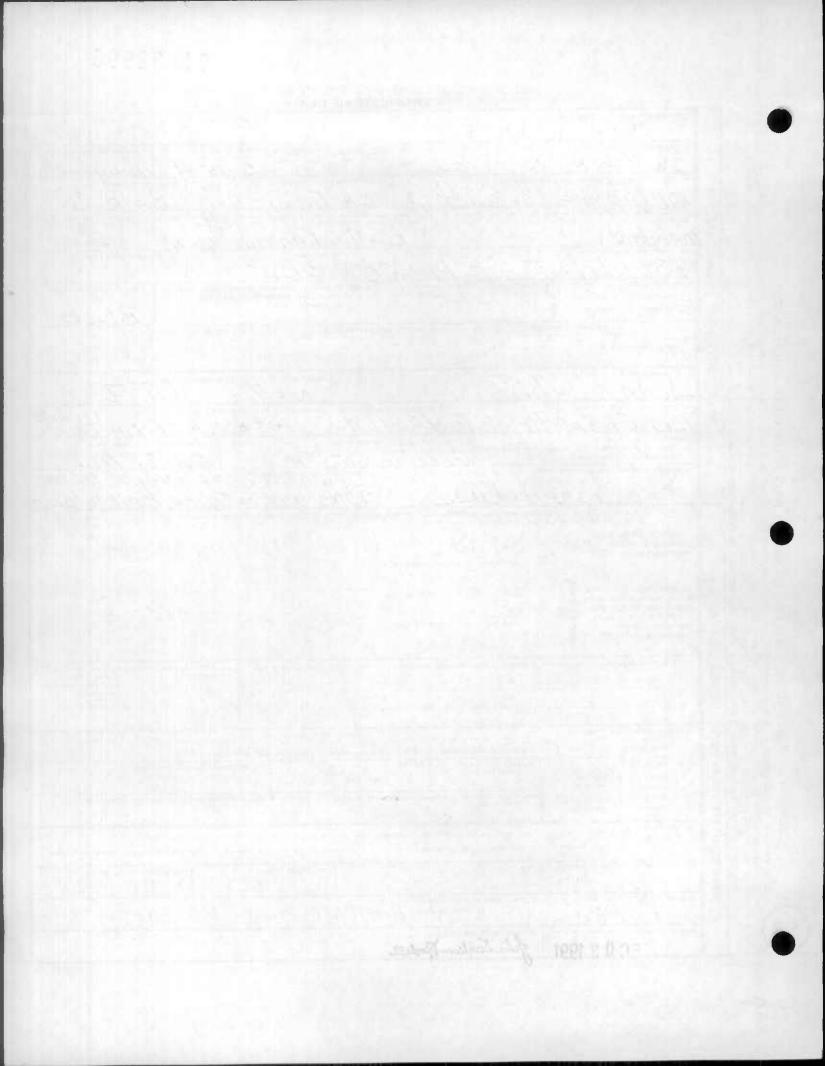


31. DATE FILED (Month, Day, Year) . - - -

DEC 0 3 1991

32. REGISTRAR'S SIGNATURE
Suha Davidson-Randelle

OHMH-18 Rev 1/89



DHMH-16 Rev 1/89

- 4	55539
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit ion. or removal,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. - DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First	it. Middle, Last)	FRANCI	G 11						MONTH	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	BER	5. SEX	S H.		WIL				1	ember	24,1		11:20 a
	024-16-85	29	1 X M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	DE BIRTH Day, Year)	1000	Country	
	9a. FACILITY NAME (# not		street and number)			9h CITY	TOWN	OR LOCATI	ON OF D		16,	1922	Mass	
H	Memori			9b. CITY, TOWN OR LOCATION OF DEATH Cumberland										
DIRECTOR	RESIDENCE OF DE	CEDENT					Cuili	beria	ind			lleg	any	
R	10a. STATE	10b, COUNT			10c. Cl	ITY, TOWN OR LOCATION						10d. INSIDE CITY		
	WV		lineral			Keyser								1 X YES 2 NO
RAI	10e. STREET AND NUMBER						10	of. ZIP COD	E			10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	500 Carskad	on Lan	e Apt			26726						U.:	S.A.	
ВУ	1 Never Married 2 🖸 3 Wildowed 4 Div	ARMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cuban, Maxican, Puerto Rican, 1 ☐ YES 2 ☑ NO Specify						pecify Yea or No. 14. BACE - American India					
נו	15. DE	CEDENT'S EDU	JCATION	16a. I	DECEDENT'S	S USUAL O	CCUPAT	ION		16b.	KIND OF BU	ISINESS/INC	Whi	te
ETED.	Elementary/Secondary ((Give kind of ite. Do NOT L	work done is retired.)	during m	nost of workli	ng								
	12	rywal	1 Fir	she	er		Co	nstru	ction	1				
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S NA		iddle, Malder			
D L	Henry W				Win	nnif	red	Fla	nnery	7				
2	19a. INFORMANT'S NAME (19b. MAILIN	G ADDRESS	(Street	and Number	or Rural I	Route Numb	er, City or Tow	vn, State, Zip	Code)	
-	Joan O. Wil:	liams			500 C	arska	don	Lane	Ap	t 607	Key	ser,	WV	26726
	20a METHOD OF DISPOSIT	on 3 🗆 Rem	noval trom State	20b. PLAC	E AND DATE	OF DISPOS	TION //	lama of		DATE	20c. LC	CATION -	City or Tow	n, Stata
	4 Donation 5 Othe	r (Specify)		St.	Thóm	as Ce	met	ery 1	lov :	27 19	91 K	eyser	r, WV	26726
	21. SIGNATURE OF FUNERA	AL SERVICE IN	CENSEE			22. NAME AND ADDRESS OF FACILITY								
	Rotruck Funeral Home 85 South Main Street Keyser, I												77 26726	
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory arrest, hock, or heart fellure. List only one cause on each line. Approximate intervel Between													
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition recuiting in death) Due to (or as a consequence of):												Onset and Dear	
EDICAL	PART II. Other significe	ent condition	deeth but not	ot resulting in the underlying cause given					Part I. 24a. WAS AN AUTOP PERFORMED?					
											1 TES 2			WAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (Che	eck only one	1			
2	1 TYES 2 NO		1 Ninpatiant 2		3 🗆 DOA			ne 5 🗆 Re	aldenca	8 🗆 Other	(Specify)			
ВУ РНУ		Pending Investigation	28a. DATE OF (Month, D	ay, Year)		JURY	1 🗌	JURY AT ORK? YES 2	NO	28d. DESC	RIBE HOW I	NJURY OCC	CURED	
ETED		Could not be determined	28a. PLACE O building,	F INJURY — At h atc. (Specify)	oma, tarm,	street, fecto	ery, offic	ca		281. LOCA City of	TION (Street in Town, State)	and Number	or Rural Ro	ute Number,
COMPL	29a. CERTIFIER (Check only one) 2 MED	IFYING PHYSI	CIAN: To the best of	my knowledge, d	leath occurr	ed at the ti	ne, date	a and placa, death occur	and dua	to the caus	e(a) and mar	nner sa state	ed. a cause(a) :	and manner _j ea stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	R	50-				29c. LICE	NSE NUM	ABÉR		29d. DATE	SIGNED (Month, Day Your)
2	~			0 4				D	233	71		> /	1/	25/7/
		an-Mem	ocompleted caus orial Hos	spital l	Medic	al Bu	ild	ling-(Cumb	erlan	d, MD	215	502	1
	31. DATE FILED (Month, Day.	_		R'S SIGNATURE	V	-								
		DEC	1991	Julia	avidson	n-Alena	482							

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OR	that
ZEC	requires
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
VISION	ATTENDING
5	OR
	TAL

31. DATE FILED (Month, Olar, Year) 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

1 win

32 HERISTRATS SIGNATURA Pandall

2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. OECEDENT'S NAME (First, Middle, Last)					E OF	DEA	-	2 DATE	REG. NO			3. TIME OF OEATH	
		Raymond	н.	Wı	rote	n.Sr			2404171		991	YEAR	3. TIME OF GEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs las	st birthday)		R t YEAR	IF UNDER		7. OATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	212-05-3168	1 🔀 M 2 🗆 F	84	YRS.	MONTHS	DAYS	AYS HOURS MI		1/5	71907			yland	
-	9e. FACILITY NAME (If not institution, give	street and number)	and number) 9b. CITY, TOWN OR LOCATION OF DEATH						EATH		UNTY OF D	-4		
O.	Harbor Hospi	tal Cent	er		Ba1	to.C	City	, Md	1.					
DIRECTOR	10a. STATE 10b. COUNT			10c, CIT	Y. TOWN	OR LOCATIO	ON						10d. INSIDE CITY	
HO	Maryland .	A.A.Co.		1	Broc	klyr	n Pa	ark,	Md.				LIMITS?	
AL	10e. STREET AND NUMBER					10f.	ZIP COO	5			10g. CI	TIZEN OF W	HAT COUNTRY?	
FUNERAL	10 W.Sec	ond Ave.				1	2122	25				USA		
FU	11. MARITAL STATUS	12. WAS OECEOEN	EVER IN U.S. AR	MEO	13.	WAS OECE	NOENT O	F HISPAI	NIC ORIGIN	(Specify Yas	or No-	14. RACE	- American Indian,	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES 2		Specif	nn, Puarto R	ican, etc.)		Specif	White, atc.	
	15. OECEOENT'S EOL	JCATION	180 05	CECENTIO	III O	CCUPATION	<u>, </u>		1				White	
E	(Specify only highest gradi Elementery/Secondary (0-12)	College (1-4 or 5+	(G	live kind of a	work done	during most	t of workin	g	18b.	KINO OF BUS	SINESS/IN	IOUSTRY	Co.	
AP.	10th.Grade			ctr	ic 8	App	plia	ance	9]	Balto	.Ga	s &	Electric	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						-			iddle, Maiden	Surneme)			
BE	John	W.		oter				Sar	a	Jan	e	Wi	llingham	
0	19e. INFORMANT'S NAME (Type/Print)						d Number	or Rural I	Route Numb	er, City or Town	, State, Zi	ip Code)		
	Raymond H. Wrot	en,Jr.	7					. Ва		Md.2				
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novat from State	cemetery cre Ceda	matory or o	OF OISPOS ther place)	Como	ne of	1	DATE	20c. LO	CATION —	- City or Tox	wn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Leua	T UI	22.	NAME AND	ADDRES	y , I	CHITY	A - A	1.00	J.Ma	•	
	Demod €	N-0	<	7										
	23. PART Enter the diseases, or		(oth Do		MCCu	тту	Fu	nera	T Hoi	ne, l	130 I	E.Fort A	
- 1	ahock, or heart failure.	List only one cour	oudsed the de	atti. DU I										
	MANAGEDIATE CALIFOR IN .	List Only One Caus	se on each iine	١.	iot enter	the mode	e of dyl	ng, auc	h as cardi	ac or respi	ratory ar	rreat,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition		se on each line).						ac or respl	ratory ar	rreat,	Interval Between Onset and Deatl	
		a. MY 0	(Ma)	116	1.	NFT	mo	71	on				interval Between	
N	disease or condition resulting in death)	a. MY 0	(Ma)	116	1.	NFT	mo	71	on				Interval Between Onset and Deatl	
NION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. MY O DUE TO D. PFN	se on each line	OUENCE OF	1. D:	NFT	mo	71	on				Interval Between Onset and Deatl	
ICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. MY Court TO (OR AS A CONSECUTION OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	DUENCE OF	7: V	NFT	mo	71	on				Interval Between Onset and Deatl	
HILLAIION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. MY Court TO (OR AS A CONSECUTOR AS A CONSECUTOR AS A	DUENCE OF	7: V	NFT	mo	71	on				Interval Between Onset and Deatl	
CERTIFICATION	Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSEC	DUENCE OF	/ , -7: -V -7:	150	inc	TI	on b				Interval Between Onset and Deatl	
. !!	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A CONSEC	DUENCE OF	/ , -7: -V -7:	150	inc	TI	on b	01567	9 J E	24b.	Interval Between Onset and Deatl	
. !!	Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSEC	DUENCE OF	/ , -7: -V -7:	150	inc	TI	Part I.	alse i	AUTOPSY MEO?	24b.	Interval Between Onset and Death	
MEDICAL	Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSEC	DUENCE OF	/ , -7: -V -7:	150	inc	TI	Part I.	OI S () 24a. WAS AN. PERFOR	AUTOPSY MEO?	24b.	UNITED A STATE OF THE STATE OF	
MEDICAL	Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSEC	DUENCE OF	/ , -7: -V -7:	AS C	cause g	T/	Part I.	24a. WAS AN PERFOR	AUTOPSY MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (OR AS A CONSECTION OR AS A CONSECTION AS A CON	DUENCE OF	The united and the un	ASC 28. PLAG	Cause g	Iven in	Part I.	24a. WAS AN. PERFOR	AUTOPSY MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	a. DUE TO (b. OUE TO (c. OUE TO (d	OR AS A CONSECTION OR AS A CONSE	DUENCE OF	OTHER 4 Num	ASC 28. PLAG	Cause g	Iven in	Part I.	24a. WAS AN. PERFOR 1 U YES 2	AUTOPSY MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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DI PHISICIAN: MEDICAL	Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	a. DUE TO (b. OUE TO (c. OUE TO (d	OR AS A CONSECTION OF AS A CONSE	DUENCE OF COUNTY OF THE PROPER	OTHER	28. PLAM 2: sing Home 28c. INJUE WORI t YE	Cause g	Iven in	Part I. eck only one B Other 28d. OESC	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MEO? NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHISICIAN: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	a. DUE TO (b. OUE TO (c. OUE TO (d	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	DUENCE OF COUNTY OF THE PROPER	OTHER	28. PLAM 2: sing Home 28c. INJUE WORI t YE	Cause g	Iven in	Part I. eck only one B Other 28d. OESC	24a. WAS AN. PERFOR 1 YES 2 (Specify)	AUTOPSY MEO? NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	

29c. LICENSE NUMBER

1147

HANDVER ST

21230

29d. OATE SIGNED (Month, Day, Year) >/2/1/9

DHMN-16 Rev 1/89

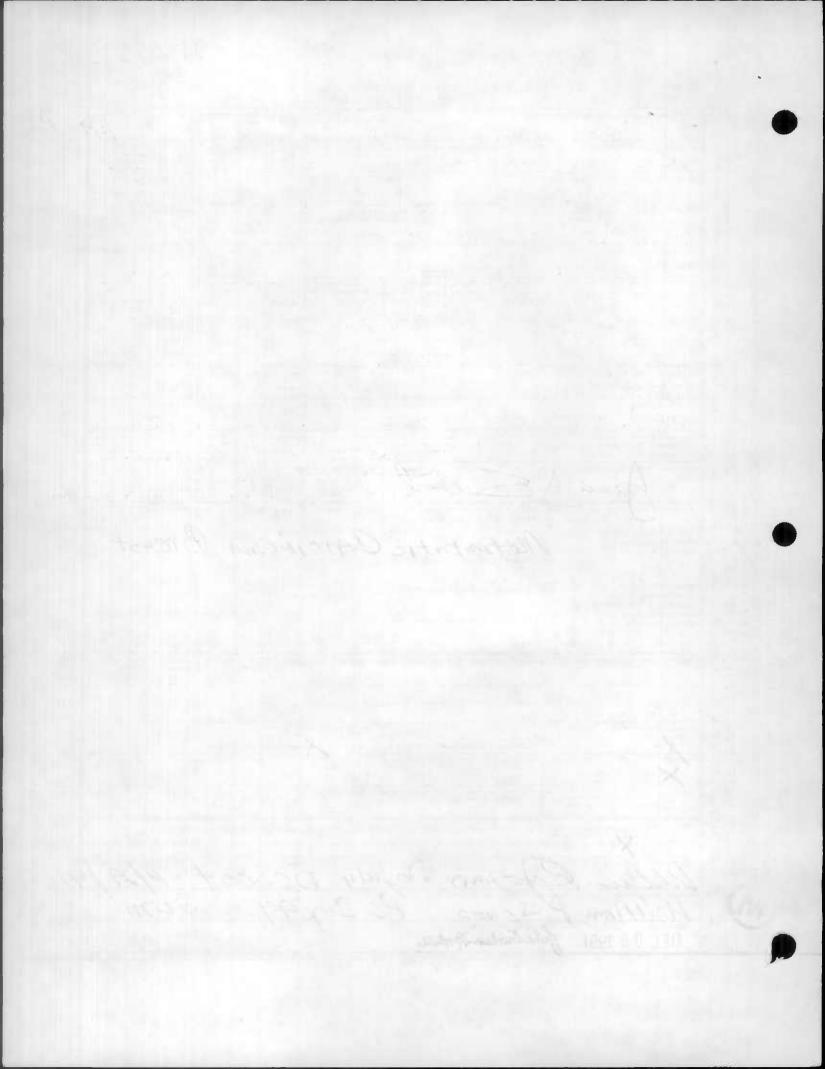
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	ATTEN	-aum
=	DR	Adio
	SSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin a	nucoal processors that the confects has been closed by the attending physician and completely
	83	3

	1. DECEDENT'S NAME (First	ot, Middle, Last)	ED A1	NCES	7.7	ARFIEL	D			2. DATE MONTH	OF DEATH		YEAR	3. TIME OF DEATH	
	4 SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Ia:		IF UNDER 1 Y	_	IF UNDER	24 HDS		OF BIRTN	_	8. BIRTNPLACE (State or Foreign		
			1 M 2 X F		YRS.		AYS	HOURS	MIN.	(Month	, Day, Year)		Countr	y)	
	022-28-069 9a. FACILITY NAME (# not			55	1710.	96. CITY, TOWN OR LOCATION OF DEATN						9c. COUNT	MAS		
H	101 GLENWO		street and number)					URNII		ATN					
ECTO	RESIDENCE OF DE	CEDENT									THIND	ANNE ARUNDEL			
HE I	10a. STATE	10b. COUNT	Υ		t0c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?	
DIRI	MARYLAND	ANNE	ARUNDEL		GLE	EN BUR	NIE	Ξ					1 TYES 2 X N		
ERAL	10e. STREET AND NUMBER	R					101	ZIP COD	E			10g. CITIZ	CITIZEN OF WHAT COUNTRY?		
ᇤ	101 GLENW	OOD DR						21060)			U.S	U.S.A.		
BY FUN	tt, MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Dis		FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES							n, Puerto Ricen, etc.)			— American Indian, c, White, etc.	
ED	15, DE	CEDENT'S EDI	JCATION	16a, Di	ECEDENT'S	USUAL OCCI	JPATIC	ON	_	16b	KIND OF BU	SINESS/INDU		LL	
ETE	(Specify or	nly highest grad	e completed)	(0		work done dun			ng						
P.	Elementary/Secondary	(0-12)	NONE		ME MA	AKER					OWN HO	ME			
COMPL	17. FATHER'S NAME (First,	Middle, Last)	NONE	110	IID III	INDI		18 MOTI	HER'S NA						
	FREDERICK	CICCI	TT			18. MOTHER'S NAME (First, Middle, Maiden (IINKNOWN) INVELLA									
BE	190. INFORMANT'S NAME		0	10	D. MAIL INC	. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S							Code1		
2	JAMES H.		I D			101 GLENWOOD DR. GLEN BURNIE, MD 210							- 1)	
	20a. METNOD OF DISPOS		LD	20h BLACE											
	1 Buriel 2 X Cremet	ion 3 - Rer	noval from State	other p	vlace)										
	4 © Donation 5 © Other (Specify) METRO CREMATORY CATONSVILLE,												, MD		
- 1	SINGLETON FUNERAL HOME														
	1 SECOND AVE. S.W. GLEN BURNIE, MD 2100 23 PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximately the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximately the diseases, or complications that caused the death.													MD 21061	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING														
ERTIFIC	CAUSE. Enter UNDERLITING CAUSE (Disease or injury) that initiated events resulting in death) LAST d.														
0	PART II Other algoritie	cant conditio	ns contributing t	o death but not	meulting	In the unde	rhyln	o cense	aiven in	Part i	24a WAS AN	AUTOPSV	241	. WERE AUTOPSY FINDIN	
MEDICAL	PERFORMED? t YES 2 NO										AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
SICIAN:	25. WAS CASE REFERRED	TO MEDICAL	1			26. PLACE OF DEATN (Check only one)									
20	EXAMINER?		HOSPITAL:	☐ ER/Outpetient	2 🗆 DOA	OTHER:		V	S						
HX	27 MANNER OF DEATH		28e. DATE C		28b. TII	4 - Nursin	_	JURY AT	esidenca	8 Othe	SCRIBE HOW	INJURY OCC	URED		
YP	A 41	Pending Investigation	(Month,	Day, Year)		JURY M	WC	YES 2 [] NO	200. DE	SCHIBE HOW	MJOHT OCC	ONED		
TED B	0 0 0 114	Could not be determined	28a. PLACE	OF INJURY — At h g, etc. (Specify)	ome, farm,	street, factor	y, offic	ce			CATION (Street or Town, State		or Rural	Route Number,	
COMPLE	Constant only		SICIAN: To the best IER: On the basis of											(a) and menner as state	
TO BE	29b. SIGNATURE AND TIT	LE OF CERTIFI	7-	DMD	Te	jul	4	29c. LIC	ENSE NU	MBER COC	54	29d. DATE	StGNE	Month, Ded. Veer)	
-	30. NAME AND ADDRESS	Ann /	COMPLETED CA	NES (IT	EM 27) (Typ	PM)	3	OX	qu	7		20	711		
4	DEC 0 3	1991	Julia Davi	RAR'S SIGNATURE	200										

7+1 "

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DALLIMONE, MANILAND	and income after death. Page 6 may be retained by the hor	filled in by the funeral director, page 5 should be detact ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13149,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lx. Nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Lest) SARAH CATHERINE GLORIA WHITACRE					2. OATE OF DEATH DAY 12 1	YEAR 91	3. TIME OF DEATH 8:25 A	
	4. SOCIAL SECURITY NUMBER N/A	1 🗆 M 2 🛣 F	E (In yrs. last birthday) VRS.	# UNDER 1 YEAR MONTHS DAYS 2 0	IF UNDER 24 HRS. HOURS MIN. O	7. OATE OF BIRTH (Month, Day, Year) 10-1-91	Country	LAND	
ro.	9e. FACILITY NAME (If not inatitution, give street and number) 669 QUAIL DR. RESIDENCE OF DECEMENT			9b. CITY, TOWN OR LOCATION OF GEATH GLEN BURNIE ANNE ARUNDE					
COMPLETED BY FUNERAL DIRECTOR	MARYLAND ANNE ARUNDEL			TOWN OR LOCA			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	100. STREET AND NUMBER 669 QUAIL DR.			10	1. ZIP COOE		S.A.	HAT COUNTRY?	
	11. MARITAL STATUS 1 Merried 1 Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		S 2 4HO	Il yea, a	CENDENT OF HISPA Decity Cuben, Mexico S 2 X NO Specia	NIC ORIGIN? (Specify Yee or No- 14. RACE — American Ind. Puerto Rican, etc.)			
	15. DECEDENT'S EDUCATIOH (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		18e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATI rork done during m e retired.)	OH ost of working	16b. KIHD OF BUSINES	16b. KIHD OF BUSINESS/INDUSTRY		
CBL	O 17. FATHER'S NAME (First, Middle, Last)	0	INFAN	T	16. MOTHER'S NA	INFANT			
N I	CARROLL EUGENE WI	CARROLL EUGENE WHITACRE				EEN ANDERSON Tal Route Number, City or Town, State, Zip Code)			
2	CARROLL E. WHITACRE 669 QUAIL DR. GLEN BURNIE, MD 21061								
	20a, METHOD OF DISPOSITION 1 © Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) MEADOWRIDGE MEMORIAL PARK 12-4 21 HAME AND ADDRESS OF FACILITY 22 HAME AND ADDRESS OF FACILITY								
	· Holor Zuml-			SING	SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061				
	21 PART I Enter the diseases, or one of heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause control only one cause on a. Congenit	each line.	ot enter the m	ode of dying, suc	ch aa cardiac or reapireto		Approximate Interval Betwee Onset and Deat Birth	
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL OF	PART II. Other significant condition	a contributing to death	but not resulting	n the underlyle	ng cause given in	1 Part I. 24a, WAS AN AUTT PERFORMED 1 YES 2	27	WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 1 Inpetient 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
DI PUI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Y 28b. TIM	URY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO				
E E	a packers		JURY — Al home, farm, street, factory, office . (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my kn	owledge death occurs	ed at the time de		e to the ceuse(e) end menner	an edeted		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

TO RI BROWLE MD 22 S Greene St Back Md 2120/

31. DATE PILED (MONTH, "Do), "YOUR - Junior Andrew An

